

Students

Exhibit - School Medication Authorization Form

To be completed by the child's parent(s)/guardian(s).

This form is to be used for medication other than medical cannabis. (See 7:270-E2, School Medication Authorization Form - Medical Cannabis.) A new form must be completed every school year for each medication. Keep in the school nurse's office or, in the absence of a school nurse, the Building Principal's office.

Student's Name: _____ Birth Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Emergency Phone: _____

School: _____ Grade: _____ Teacher: _____

To be completed by the student's physician, physician assistant with prescriptive authority, or advanced practice RN with prescriptive authority:

Prescriber's Printed Name: _____

Office Address: _____

Office Phone: _____ Emergency Phone: _____

Medication name: _____

Purpose: _____

Dosage: _____ Frequency: _____

Time medication is to be administered or under what circumstances:

Prescription date: _____ Order date: _____ Discontinuation date: _____

Diagnosis requiring medication: _____

Is it necessary for this medication to be administered during the school day? Yes No

Expected side effects, if any: _____

Time interval for re-evaluation: _____

Other medications student is receiving: _____

Prescriber's Signature _____ Date _____

For only Parents/Guardians of students requiring asthma inhalers and/or epinephrine injectors:
Is the asthma inhaler and/or epinephrine injector required under a qualifying plan pursuant to 105 ILCS 5/10-22.21b, amended by P.A. 101-205?
 Yes No

Parents/Guardians please attach prescription label (asthma inhaler) and/or written statement (epinephrine injector) here:

For asthma inhalers, attach the prescription label with the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered. 105 ILCS 5/22-30(b)(2)(i).

For an epinephrine injector, attach a written statement from the student's physician, physician assistant, or advanced practice registered nurse containing the name and purpose of the epinephrine, injector; the prescribed dosage; and the time or times at which or the special circumstances that the epinephrine injector should be administered. 105 ILCS 5/22-30(b)(2)(ii)(A)-(C).

For only parents/guardians of students who need to self-administer medication required under a qualifying plan:

I grant permission for my child to self-administer his or her medication required under an asthma action plan, an Individual Health Care Action Plan, an Illinois Food Allergy Emergency Action and Treatment Authorization Form, a plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or a plan pursuant to the federal Individuals with Disabilities Education Act. 105 ILCS 5/10-22.21b, amended by P.A. 101-205.

Medication(s) other than asthma inhalers and/or epinephrine injectors (complete section above) required under a qualifying plan that student is permitted to self-administer:

Prescription date: _____ Order date: _____ Discontinuation date: _____

Diagnosis requiring medication: _____

Is it necessary for this medication to be administered during the school day? Yes No

Expected side effects, if any: _____

Time interval for re-evaluation: _____

Other medications student is receiving: _____

Prescriber's Signature

Date

If the medication is an asthma inhaler or epinephrine injector, be also sure to complete the section above and attach the required label and/or written statement as required above.

Please initial to indicate (1) receipt of this information, and (2) authorization for your child to self-administer medication under a qualifying plan.

Parent/Guardian Initials

For only parents/guardians of students who need to carry and use their asthma medication or an epinephrine injector:

I authorize the School District and its employees and agents, to allow my child to self-carry and self-administer his or her asthma medication and/or epinephrine injector: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. Illinois law requires the School District to inform parents/guardians that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-carry and self-administration of asthma medication or epinephrine injector. 105 ILCS 5/22-30, amended by P.A. 102-413.

Please initial to indicate (1) receipt of this information, and (2) authorization for your child to carry and use his or her asthma medication or epinephrine injector.

Parent/Guardian Initials

For all parents/guardians:

By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the School District and its employees and agents, on my behalf, to administer or to attempt to administer to my child (or to allow my child to *self-administer* pursuant to State law, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. This includes administration of undesignated epinephrine injectors, opioid antagonists, or asthma medication, to the extent the School District maintains such undesignated supplies, to my child when there is a good faith belief that my child is having an anaphylactic reaction, opioid overdose, or asthma episode, whether such reactions are known to me or not, and if applicable, undesignated glucagon when authorized by my child's diabetes care plan and if my child's glucagon is not available on-site of has expired. 105 ILCS 5/22-30, amended by P.A. 102-413.; 105 ILCS 145/27, added by P.A. 101-428. **I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse and specifically consent to such practices, and**

I agree to indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

Parent/Guardian Printed Name

Address (if different from Student's above): _____

Home Phone: _____ Cell Phone: _____ Emergency Phone: _____

Parent/Guardian Signature

Date

Revised: June 2, 2022



EAST MAINE SCHOOL DISTRICT 63

Regulations for the Administration of Medication in School

The administration of medication is not normally a function of education. However, some students with certain medical conditions may require **prescribed** medication during the school day. In such cases, the administration of medication is subject to the following regulations:

All medications to be taken at school must be prescribed by a physician or other medical professional authorized by statute to prescribe the medication, including over-the-counter medications. Only in cases where failure to take a prescribed medication could jeopardize the student's health and/or education, may medication be taken in school.

1. Written orders are to be provided to the school from the physician detailing the name of the student, the type of disease or illness involved, the name of the drug, dosage, time interval in which the medication is to be taken, the desired benefits of the medication, the side effects, and an emergency number where the physician can be reached. These orders must be renewed at the beginning of each school year.
2. Written permission from the parent or guardian of the pupil is required to permit the child to have the medication during school hours. Permission must be renewed at the beginning of each school year.
 - a. *School Medication Authorization Form 7:270.E1*
 - b. School Medication Authorization Form – Medical Cannabis 7:270.E2
3. The container for medication is to be labeled by the pharmacy or physician with the following:
 - a. Child's name
 - b. Physician's name
 - c. Name of medication
 - d. Dosage
 - e. Time interval or circumstances under which the medication is to be administered

Medication sent to school in plastic bags, envelopes, school lunches, etc., will not be administered.

When having the prescription filled, please ask the pharmacist to give you a second properly labeled container for the school.

4. The school will provide a locked cabinet for safe storage of medication, with the exception of asthma inhalers or epinephrine auto-injectors students have been specifically approved to carry.
5. Whenever possible, the child will self-administer medication under observation of District 63 personnel. The date and time of administration, which medication was taken and who observed the student self-administer the medication, will be recorded on a record sheet.
6. When self-administration is not possible, administration of medication will be under the supervision of the school nurse or administrator. No staff member shall be required to administer FDA-approved medications to students, except school nurses, non-certificated registered professional nurses and administrators. No staff member shall be required to

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administer medical cannabis, but may volunteer to do so following the completion of required training. The date and time of administration, which medication was administered and who administered the medication, will be recorded on a record sheet.

7. When the medication was started and discontinued shall be documented on the child's health record. Dosage changes shall also be noted in the health record.
8. For parents/guardians of all students, 105, ILCS 5/22-30(c) requires parents/guardians to be informed that: (1) the District maintains a supply of Undesignated Asthma Medication, Epinephrine Injectors, Opioid Antagonists, and/or Glucagon, and (2) the District and the prescribing physician are protected from liability when the school nurse and/or trained personnel administer an Undesignated Epinephrine Auto-injector to any student when these individuals in good faith professionally believe that the student is having an anaphylactic reaction.
9. Administration of medication as emergency care shall consist of first aid and a call to the paramedics for their services, which includes medical consultation with a physician. The school district will deal with these students on an individual basis.
10. The school district retains the discretion to reject requests for administration of medication.
11. The above regulations also apply to the administration of non-prescription medication during school hours. The use of non-prescription medication during school hours must be deemed medically necessary by the student's Physician. Cough drops will not be provided at school.
12. The nurse may contact the prescriber, pharmacist, and/or parent in order to assure the appropriateness of medication administration at the school. The nurse may decline to administer a medication that does not meet guidelines, that is not deemed medically necessary, that could be given outside of school hours or that might jeopardize student safety.
13. Homeopathic products, supplements and vitamins (derived from minerals, botanical substances, animal parts, micro-organisms and other sources) will not be taken at school.

SE-151 (Rev 12/2019)

Dr. Shawn Schleizer, Superintendent

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