

**Crystal Lake School District 47  
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: \_\_\_\_\_

**PHYSICIAN AUTHORIZATION**

*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: \_\_\_\_\_

Medication name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Purpose/Diagnosis: \_\_\_\_\_ Route: \_\_\_\_\_

Frequency: \_\_\_\_\_ Time/ under what circumstances: \_\_\_\_\_

Prescription date: \_\_\_\_\_ Order date: \_\_\_\_\_ Discontinuation date: \_\_\_\_\_

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

*All orders will be discontinued at the end of each school year. A new order will be needed for each school year. August to July.*

Expected side effects, if any: \_\_\_\_\_

Time interval for re-evaluation: \_\_\_\_\_ Known allergies \_\_\_\_\_

Other medications student is receiving:  
\_\_\_\_\_

Prescriber's Signature \_\_\_\_\_ Date \_\_\_\_\_

**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

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**Asthma Inhalers/Epinephrine Injectors**

*Parent(s)/Guardian(s) please attach prescription label and/or written statement (epinephrine injector) here:  
(a copy is good as we do not want to remove label from inhaler)*

*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).*

**PARENT/GUARDIAN AUTHORIZATION FOR STUDENT TO SELF-ADMINISTER MEDICATION**

***Only for 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*

***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

***Only for 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 parent(s)/guardian(s) 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*

**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 or 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): \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Medication Procedure for Parents/Staff

For students who require the administration of medication while at school (via school personnel or by self-administration):

1. Parents must submit a “Medication Authorization Form” to the school office prior to the medication being accepted or administered at school. This includes prescription medications and over the counter medications. These forms are located on the school district’s web site or can be picked up in the school Health Office.
  - a. A new form must be submitted at the beginning of each school year, or any time medication changes are made (dosage, frequency, or new medication order).
  - b. The form must be signed by both the Physician and the Parent
  
2. Medication will not be accepted without the properly signed form discussed in step #1.
  - a. For Prescription Medications:
    - i. Parents must provide the medication in its original prescription bottle or packaging with the adhered label printed by the doctor/pharmacy including the student’s name, medication, dosage and frequency. For asthma inhalers, the prescription label must be provided.
    - ii. If the medication is an inhaler or epinephrine auto-injector, a student may keep possession of it for immediate use at the student’s discretion: 1) while in school, 2) while at a school-sponsored activity, 3) while under the supervision of school personnel, 4) before or after normal school activities, such as before/after school care on school-operated property (105 ILCS 5/22-30, amended by PA 96-1460).
  - b. For Over the Counter Medications:
    - i. Parents must provide the medication in the manufacturer’s original container with the consumer label, and the student’s name affixed to it. Parents are responsible for splitting or cutting pills in half at home, if ordered that way. The school Health Office does not provide this service. All medication must be brought to school by the parent. Do not send medication to school with your child.