



School Medication Authorization Form Self-Carry and Administer Prescription Medications

Revised: July 2024

Illinois State Law requires written permission by a parent/guardian and licensed healthcare provider for the administration of any medication at school. Please complete this form and have your student's physician provide the appropriate instructions and signatures at the bottom of this form.

Students with asthma or severe allergies are strongly encouraged to carry their rescue inhalers or Epi-pens on their person. Back-up medications may also be stored in the Nurses' Office, and is highly encouraged, so that they are readily available in the event of an emergency. Diabetic students may keep a supply of insulin, syringes, and a glucometer in the Nurses' Office for their use, along with any other needed testing supplies. Diabetic students may store food or snacks in the refrigerator. On a case-by-case basis, a student may possess additional medications for appropriate use. Please make every effort to supply the Nurses' Office with your child's most current Health Care/Medical Management Plan.

Prescription medication orders must be renewed annually. Parents are responsible for providing the school with all medication in the original prescription-labeled bottle, or manufacturer-labeled packaging.

Part 1: Student Information

Name (First, Middle, Last)	Student ID Number	Home School
		<input type="checkbox"/> GBN <input type="checkbox"/> GBS

Part 2: Physician, Physician Assistant or Advanced Practice Registered Nurse to Complete

Medication Description:

Medication Name: _____

Dosage: _____ Frequency: _____

Indication / Diagnosis: _____

Expected Side Effects If Any: _____

Other Medication Students is Receiving:
(or, Other Medication the Student Has Been Prescribed): _____

Permission

- Self-Carry Only (e.g., in backpack and available for use by a RN or appropriate school personnel)
- Self-Administer Only (stored securely and under the direct supervision of a RN or appropriate school personnel)
- Self-Carry and Self-Administer (for use at student's own discretion)

Healthcare Provider Name (Type/Print) _____ Office Phone Number: _____

Healthcare Provider Signature: _____ Date: _____

Part 3: Waiver of Liability and Certification by Parent/Guardian

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, epinephrine injectors, or diabetes medications: (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 Glenbrook High School District 225 to inform parents/guardians that it, and its employees and agents, incur no liability, or professional discipline, 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, epinephrine injectors, or diabetes medications. 105 ILCS 5/22-30, amended by P.A 102-413.

Parent/Guardian Name (Type/Print) _____ Emergency Phone Number: _____

Parent/Guardian Signature _____ Date: _____