



School Medication Authorization Form Prescription Medications

Revised: May 2023

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 healthcare provider provide the appropriate instructions and signatures at the bottom of this form.

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: Healthcare Provider 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 for Self Administration (Requires a Qualifying Plan (e.g., IEP, 504))

Can this medication be self-administered by the student under supervision? Yes No

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

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

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 Glenbrook High School District 225 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 Glenbrook High School District 225), lawfully prescribed medication in the manner described above. This includes administration of undesignated epinephrine injectors, opioid antagonists, or asthma medication, to the extent the 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 exacerbation, 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 is 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 Glenbrook High School District 225 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 Name (Type/Print)	Emergency Phone Number:
Parent/Guardian Signature	Date: