

KANELAND COMMUNITY UNIT SCHOOL DISTRICT #302

MEDICATION AUTHORIZATION FORM

For this student to receive medication during the school hours and on school grounds or for school-sponsored activities, this form must be fully completed by the prescribing physician and an authorizing parent or legal guardian.

STUDENT NAME: _____ BIRTHDATE: _____ GRADE: _____
DATE OF THIS ORDER: _____ SCHOOL: _____ TEACHER: _____

Name of Drug	Dosage	Time To Be Given At School	Start date-End Date of Medication	Side Effects

_____ I give permission to allow my child to carry and self-administer his or her asthma inhaler.

_____ I give permission to allow my child to carry and self-administer his or her epinephrine auto-injector.

Must this medication be administered during the day in order to allow the child to attend school or to address the student's condition? _____

Signature of Health Care Provider

Health Care Provider Phone Number

Date

PARENT AUTHORIZATION

Asthma and Epinephrine Medication: I agree with the information provided above by my child's physician regarding asthma and epinephrine medication. I also give permission for my child to carry and to self-administer on an "as needed" basis asthma and/or epinephrine medication when my child is attending school, is under the supervision of school personnel, is at school-sponsored activities, or is on school property outside of regular school hours and regular school activities.

I herewith acknowledge 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 Kaneland School District and its employees and agents, on my behalf and stead, to administer or to attempt to administer to my child lawfully prescribed medication in the manner described above. I further acknowledge and agree that I waive any claims I might have against Kaneland School District and its employees and agents arising out of the administration or attempted administration of medication to my child. I further agree to indemnify and hold harmless Kaneland School District and its employees and agents, either jointly or severally, against any claims arising out of the administration or attempted administration of medication to my child. If my child is authorized to self-administer asthma medication, I acknowledge and agree that Kaneland School District and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by my child. I further agree to indemnify and hold harmless Kaneland School District and its employees and agents, either jointly or severally, against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by my child.

I give the school nurse permission to be in contact with the prescribing physician with regards to the above medication order and the response my child has to the prescribed medication.

Parent's/Guardian Signature

Phone Number

Date

Kaneland John Stewart

630/365-0651 (FAX)

Kaneland McDole

630/897-3229 (FAX)

Kaneland John Shields

630/466-5320 (FAX)

Kaneland Middle School

630/466-4700 (FAX)

Kaneland Blackberry Creek

630/365-3905 (FAX)

Kaneland High School

630/365-5124 (Nurse FAX)

KANELAND COMMUNITY UNIT SCHOOL DISTRICT #302

A policy for administering medication to children while at school has been established following the guidelines from the Illinois Department of Human Services and the Illinois State Board of Education. The strict adherence of this policy is imperative for the safety and well-being of students and staff.

PLEASE FOLLOW THESE PROCEDURES:

1. All medication needed by the student during the day will be administered under the supervision of a school nurse.
2. The parent AND health care provider (MD, DO, PA or APN) must complete the Medication Authorization Form for both prescription and non-prescription medication except inhalers. This includes over the counter pain medication, cold or allergy medicine, etc. Inhalers with the health care provider's order written into the pharmacy label are acceptable with the completed Medication Authorization Form by the parent.
3. Medication Authorization Forms need to be renewed annually.
4. All medication will be kept in the health office. Students are not to have medication in their possession, unless written permission from the health care provider.
5. All medication must be brought to school by a parent and or responsible adult.
6. All prescription medication will be counted and verified with the parent upon delivery.
7. Medication will be disposed of after the school year, if left at school.
8. If the medication dosage or time is changed, the parent and the health care provider must submit in writing these changes to the nurse.
9. The primary responsibility for medication rests with the parent. We will only administer medication necessary to sustain a student during the school day.
10. Medication will be accepted in the original pharmacy container. Orders on the prescription container must exactly coincide with the order as written by the health care provider.
11. If a student requires emergency medication for food or insect allergy, please have your health care provider complete the Medication Authorization Form. The parent must supply the appropriate medication and complete the Medication Authorization Form.
12. The parent must administer the initial dosage of medication at home in order to observe for side effects.
13. The school district and its employees shall incur no liability except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by a student.