



Yearly Alert - **Any Medications or Conditions Such As:** Asthma, Diabetes, **Migraines, Allergies, etc.**

Spring 2026

Dear Parent(s)/Guardian(s):

If your daughter requires medication during school hours, prescribed or over-the-counter, it must be brought to school and kept in the Nurse's Office and administered by the school nurse. This includes medication for headaches, menstrual cramps or any other medical condition.

Medication Policy

If sending medication to school, the following procedures must be followed:

- **School Medication Authorization Form** must be completed by a licensed prescriber and parent/guardian whether for prescription as well as non-prescription medications and returned to the school nurse. This form is completed annually.
- **Prescription medication** brought to the Nurse's Office in an original pharmacy container with a pharmacy label. Your pharmacy should be able to supply an extra labeled container for school. Include student's name, date of birth, and year of graduation affixed to the container.
- **Non-prescription medication** brought to the Nurse's Office in the original package with the student's name, date of birth, and year of graduation affixed to the container.
- **If medication dose changes or is discontinued**, parents must notify the school nurse in writing with confirmation from the licensed prescriber.

No medication will be given unless these guidelines are followed. The intent of these guidelines is to provide safe administration of medications.

Use of Inhalers

Students diagnosed with Asthma should always carry their inhaler. A completed School Medication Authorization Form should be sent to school annually for placement with her medical records. If desired, an extra inhaler may be kept locked up in the Nurse's Office.

According to the Illinois Public Act 099-0843, schools are required to ask parents/guardians of students with Asthma to submit a current Asthma Action Plan. If your daughter has Asthma, please have your physician complete the Asthma Action Plan Form. It will be kept on file in the Nurse's Office. This Asthma action plan needs to be updated yearly.

Diabetes

According to the Illinois Public Act 96-1485, The Care of Students with Diabetes Act, if your daughter has Diabetes and requires assistance with managing this condition while at school and school functions, a Diabetes Care Plan must be submitted to the school nurse. Please contact your daughter's physician to develop the Diabetes care plan.

Once the Diabetes care plan is on file with the school nurse, parents/guardians are responsible for and must:

- Inform the school nurse of any change which needs to be made to the Diabetes Care Plan on file with the school for their daughter.
- Inform the school in a timely manner of any changes to their emergency contact numbers or contact numbers of healthcare providers.
- Sign the Diabetes Care Plan.
- Grant consent for and authorize the school nurse to communicate directly with the healthcare provider whose instructions are included in the Diabetes Care Plan.

Other Action Plans

Allergy Action Plan
Seizure Action Plan

Both can be found on McAuley's website at mothermcauley.org/parents/student-medical-forms

Keeping extra supplies/juices/snacks in the Nurse's Office labeled with the student's name, date of birth, and year of graduation is highly recommended.

Questions or concerns? Please contact our school nurse at:

Phone: 773-881-6524 - Email: agruher@mothermcauley.org - Fax: 773-881-6624



MOTHER MCAULEY

Liberal Arts High School

3737 W. 99th Street, Chicago, IL 60655

2026 - 2027 School Medication Authorization Form

This form is to be completed by a licensed prescriber and parent/guardian. All prescription and non-prescription medications must be properly labeled with the student's name, date of birth, and year of graduation. These medications are kept in the Nurse's office. This form must be updated yearly.

Student Name: _____
(Print)

Date of Birth: _____ Year of Graduation: _____

Medications to be given during school hours, if needed: _____

Dosage: _____ Route: _____

Time of Administration: _____

Diagnosis Requiring Medication: _____

Possible Side Effects: _____

Other Medications student is receiving when not in school: _____

Physician's Signature: _____ Date: _____

Physician's Name Printed: _____

Physician's Phone Number: _____

PARENT/GUARDIAN AUTHORIZATION:

I hereby authorize the School Nurse at Mother McAuley High School to administer the above medication(s) during school hours. Per 105 ILCS 5/22-30(c), the school and school personnel incur no liability for injuries occurring when administering medication(s), asthma medication, an epinephrine auto-injector, or an opioid antagonist.

Parent/Guardian Signature: _____ Date: _____

Cell: (_____)_____-_____ Work: (_____)_____-_____

Please contact our school nurse, if you should have any questions:

Phone: 773-881-6524 - **Email:** nurse@mothermcauley.org - **Fax:** 773-881-6624



MOTHER MCAULEY

Liberal Arts High School

3737 W. 99th Street, Chicago, IL 60655

2026 - 2027 Inhaler/Epipen Policy Statement

Mother McAuley Liberal Arts High School has received your request for self-administration of:

(List medication)

for your child, _____

(Print student's name)

State law requires that we inform the parents/guardians of the student, in writing, that Mother McAuley Liberal Arts High School 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 the above named student. Before we can allow your child to self-administer the medication, we must ask that you sign and return this document.

The permission for self-administration of medication is effective for the school year for which it is granted and shall be renewed each subsequent school year upon fulfillment of the requirements outlined above. A student with asthma may possess and use her medication during school hours, at a school-sponsored activity (dance, game, etc.), or before or after normal school hours. We recommend that you provide an additional dose of the medication to be kept at school in the event that your child forgets or loses her medication.

Parent/Guardian Permission Statement

I have read the above policy and acknowledge that Mother McAuley Liberal Arts High School and its employees and agents are to incur no liability and I indemnify and hold harmless Mother McAuley Liberal Arts High School and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medicine by the above named student.

Parent/Guardian Signature: _____

Date: _____

Please contact our school nurse, if you should have any questions:

Phone: 773-881-6524 - Email: nurse@mothermcauley.org - Fax: 773-881-6624