

Administering Medicines to Students

7:270-E Exhibit - School Medication Authorization Form

To be completed by the child's parent(s)/guardian(s). A new form must be completed every school year. 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:	Emergency Phone:	
School:	Grade:	Teacher:

To be completed by the student's physician, physician assistant, dentist, optometrist, podiatrist or advanced practice RN (Note: for asthma inhalers only, use the "Asthma Inhalers" section below):

Physician's Printed Name:			
Office Address:			
Office Phone:		Emergency Phone:	
Medication name:			
Purpose:			
Dosage:		Frequency:	
Time medication is to be administered or under what circumstances:			
Prescription date:	Order date:	Discontinuation date:	
Diagnosis requiring medication:			
Is it necessary for this medication to be administered during the school day ?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Expected side effects, if any:			
Actions to be taken if the student has side effects and/or an adverse reaction to the medication:			
Time interval for re-evaluation:			
Other medications student is receiving:			
	Physician's signature		Date

Asthma Inhalers

A written statement from the student's physician, physician assistant, dentist, optometrist, podiatrist, or advanced practice RN is not required for a student to carry and self-administer an asthma inhaler. Parent(s)/guardian(s) must attach the prescription label here, which must indicate the name of medication, the prescribed dosage, and the time at which/circumstances under which the medication is to be administered.

For only parents/guardians of students who need to carry asthma medication or an epinephrine auto-injector:

I authorize P.A.E.C. and its employees and agents, to allow my child or ward to carry and self-administer his or her asthma inhaler and/or use his or her epinephrine auto-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. I hereby acknowledge that P.A.E.C., its officials, employees and agents will incur no liability except for willful and wonton conduct, as a result of any injury arising from the self-administration of medication or use of an epinephrine auto-injector by my child or ward regardless of whether authorization was given by me or by my child's physician, physician's assistant, dentist, optometrist, podiatrist, or advanced practice register nurse. **I hereby agree to indemnify and hold harmless P.A.E.C., its officials, employees and agents against any claims, except a claim based on willful and wonton conduct, arising out of the self-administration of medication or use of an epinephrine auto-injector by my child or ward regardless of whether authorization was given by me or my child's physician, physician's assistant, dentist, optometrist, podiatrist, or advanced practice register nurse.** (105 ILCS 5/22-30).

Parent/Guardian printed name

_____ Date: _____

Parent/Guardian Signature

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 P.A.E.C. and its employees and agents, in my behalf, to administer or to attempt to administer to my child or ward (or to allow my child or ward to *self-administer* pursuant to State law, while under the supervision of the employees and agents of P.A.E.C.), lawfully prescribed medication in the manner described above. **I acknowledge that it may be necessary for the administration of medications to my child or ward 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 P.A.E.C. and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or self-administration of medication by my child or ward.**

Parent/Guardian printed name					
Address (if different from Student's above):					
Phone:					Emergency Pho
Parent/Guardian signature					

DATED: October 11, 2011

Proviso Area for Exceptional Children (P.A.E.C.)
