



School Medication Authorization & Waiver Form

INSTRUCTIONS: Both sides of this form must be completed and signed where appropriate. Parts I and Part III must be completed by the parent/guardian and Part II must be completed by a physician, physician's assistant, or advanced practice RN. Use a separate form for each medication.

PART I – Student Information

Student's Name: _____ Date: _____

School: LBES LBMS Grade: _____

Address: _____

Parents/Guardians: _____

Home Phone: _____ Emergency Phone: _____

PART II – Physician's Statement and Medication Information

Prescribing Physician and Medication Information: The student's physician, physician assistant, or advanced practice RN must complete the information below and sign on the BACK of this form. For prescriptions of asthma inhalers and epinephrine auto-injectors, please complete the section regarding unsupervised self-administration.

Physician's Printed Name: _____

Office Address: _____

Office Phone: _____ Emergency Phone: _____

Name of Medication: _____

Purpose: _____

Dosage: _____ Frequency: _____

This medication is to be administered at the following times or circumstances: _____

Date of Prescription: _____ Order Date: _____

Date to Discontinue: _____ Necessary to take during school day? Y N

Expected side effects: _____

Time Interval for Re-evaluation: _____

Other Medications Prescribed to this Student: _____

PART II – Physician’s Statement and Medication Information (continued)

For Asthma Medication/Epinephrine Auto-Injector Prescriptions Only* Is unsupervised self-administration authorized? _____ Yes _____ No

NOTE: Pursuant to Illinois law, upon parental consent (for asthma inhalers) or physician authorization (for epinephrine auto-injector), a student who is prescribed asthma medication and/or epinephrine auto-injector may possess and use his/her asthma medication and/or epinephrine auto-injector while at school or during school-sponsored activities without the supervision of District personnel.

For ALL Prescriptions

I hereby request that the school nurse or authorized school personnel administer the above prescribed medication as it is medically necessary to do so while at school or during school-sponsored activities. For epinephrine auto-injector only: The student is able to carry and self-administer this medication.

Physician’s Signature

Date

Prescription for Asthma Inhalers Parent(s)/Guardian(s) please attach prescription label here:

PART III – Authorization, Waiver, and Indemnification

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

I authorize the School District and its employees and agents, to allow my child 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.

_____ **Initials of Parent/Guardians if you agree**

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 the School District 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 the School District), lawfully prescribed medication in the manner described above.

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 administration.

I waive any claims against the School District, the Board of Education and its members, employees, and agents arising out of the administration or my child’s self-administration of said medication, and agree to indemnify and hold harmless the School District, the Board of Education and its members, employees and agents either jointly or severally, from and against any and all liability claims, demands, damages, or causes of action or injuries, costs, and expenses, including attorney’s fees, resulting from or arising out of the negligent administration or self-administration of medication. With respect to student self-administration of asthma medication or use of an epinephrine auto-injector regardless of whether authorization was given by me or by my child’s physician, physician’s assistant, or advanced practice registered nurse, this waiver and indemnification are not applicable to willful and wanton acts to the extent required by law. A new form is required every school year.

Parent/Legal Guardian Signature

Date