

Crystal Lake School District 47
MEDICATION AUTHORIZATION FORM

A new form **must** be completed every school year.

Student's Name: _____ Birth date: _____ School/Grade: _____

PHYSICIAN AUTHORIZATION

To be completed by the student's Physician, Physician's Assistant or Advanced Practice Nurse.

Name of Medication _____

Dosage/Frequency _____ Times given at school: AM _____ PM _____

Effective Dates (limited to one school year) From: _____ To: _____

Reason for Medication _____

Possible Side Effects _____

Other medications student is taking _____

Known allergies _____

Physician's Signature _____ Date: _____

Physician's Printed Name _____

Office Phone _____ Emergency Phone _____

PARENT/GUARDIAN AUTHORIZATION FOR STUDENT TO SELF-ADMINISTER MEDICATION

For Parents/Guardians of students who need to carry medication for Life Threatening Emergencies (Inhaler/Epi-Pen):

I authorize the school district and its employees/agents to allow my child or ward to carry and self-administer his/her inhaler and/or Epi-Pen auto-injector while: in school, while at a school- sponsored activity, while under the supervision of school personnel, before or after normal school activities, such as while in before or after school care on school-operated property. Illinois law requires the School District to inform parent/guardian that it, and its employees and agents incur no liability except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication (105 ILCS 5/22-30/

If you agree, please initial here: _____

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/agents, on my behalf, to administer or attempt to administer to my child, lawfully prescribed medication in the manner described above. **I acknowledge that it may be necessary for the administration of medication to my child to be performed by someone other than a school nurse and specifically consent to such practices, and I agree to indemnify and hold harmless the School District and its employees/agents against any claims, except a claim based on willful and wanton conduct, arising from the administration or the child's self-administration of medication.**

Parent/Guardian Signature _____ Date _____

**CRYSTAL LAKE SCHOOL DISTRICT 47
STUDENT SERVICES PROCEDURES**

Procedure:

Dispensing medication to students.

Process:

For students who require the administration of medication while at school (via school personnel or by self-administration):

1. Parents must submit a “Medication Authorization Form” to the school office prior to the medication being accepted or administered at school. This includes prescription medications **and** over the counter medications. These forms are located on the school district’s web site or can be picked up in the school Health Office.
 - a. A new form must be submitted at the beginning of each school year, or any time medication changes are made (dosage, frequency, or new medication order).
 - b. The form must be signed by both the Physician and the Parent.
2. Medication will not be accepted without the properly signed form discussed in step #1.

For Prescription Medications:

- a) Parents must provide the medication in its original prescription bottle or packaging with the adhered label printed by the doctor/pharmacy including the student’s name, medication, dosage and frequency. For asthma inhalers, the prescription label must be provided.
- b) If the medication is an inhaler or epinephrine auto-injector, a student may keep possession of it for immediate use at the student’s discretion: 1) while in school, 2) while at a school-sponsored activity, 3) while under the supervision of school personnel, 4) before or after normal school activities, such as before/after school care on school-operated property (105 ILCS 5/22-30, amended by PA 96-1460).

For Over the Counter Medications:

Parents must provide the medication in the manufacturer’s original container with the consumer label, and the student’s name affixed to it.

Parents are responsible for splitting or cutting pills in half at home, if ordered that way. The school Health Office does not provide this service.

All medication must be brought to school by the parent. Do not send medication to school with your child.

Forms:

Medication Authorization Form, if appropriate
Board Policy 7:270 Dispensing Medicine to Students