Nashville

Community Consolidated School District 181
School Medication Authorization Form

To be completed by the student's parent(s)/guardian(s)/ and physician and kept in the school nurse's office.

Student's Name:		Birth Date:
Address:		
Home Phone:	Emergency Phone:	
School:	Grade:	Teacher:

To be completed by the child's physician:

Physician's Printed Name:		
Office Address:		
Office Phone:	Emergency Phone:	
Medication:		
Dosage/Route:	Frequency:	Time:

For Asthma Medication and/or Epinephrine Auto-Injector Only:

I certify that _____ has been instructed in the use and self-administration
Student's Name
of _____. He/she understands the need for the asthma medication
Name of Medication
and/or epinephrine auto-injector, and the necessity to report to school personnel any unusual side effects. He/she is capable of using the asthma medication and/or an epinephrine auto-injector independently.

Diagnosis requiring medication:

Intended effect of this medication:

Must this medication be administered during the school day in order to allow the child to attend school or to address the student's medical condition? Yes _____ No _____

Expected side effects, if any:

Time interval for re-evaluation:	Discontinuation Date:

Other medications student is receiving:

Physician's Signature _____ **Date**_____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

4/12

Mitchell

Community Consolidated School District 181

For parent(s)/guardian(s) of students who have asthma and/or are at risk of anaphylaxis:

I authorize the School District and its employees and agents, to allow my child or ward to possess and use his/her asthma medication and/or epinephrine auto-injector (1) while in school, (2) while at a school-sponsored activity, (3) while under 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. Illinois law requires the School District to inform parent(s)/guardian(s) that 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 (105ILCS 5/22-30).

_____
Parents(s)/Guardian(s) Signature

By signing below:

1. I hereby confirm my primary responsibility to administer medication to my child. However, in the event that I am unable to do so, I hereby authorize Community Consolidated School District 181 and its employees, agents, and employees who volunteer to do so, in my behalf and stead, to administer or attempt to administer to my child (or allow my child to self-administer, while under the supervision of the School District employees, agents, and employees who volunteer to provide such supervision), lawfully prescribed medication in the manner described above. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the School District, its employees, agents, and employees who volunteer as set forth above arising out of the administration or attempted administration of said medication. In addition, I agree to save, defend, hold harmless and indemnify the School District, its employees, agents, and employees who volunteer as set forth above either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

2. I agree to save, defend, indemnify and hold harmless the School District and its employees, agents, and employees who volunteer as set forth above against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by my child.

_____ Parent/Guardian Printed Name	_____ Parent/Guardian Printed Name
_____ Parent/Guardian Signature *	_____ Parent/Guardian Signature *
Date _____	Date _____

***If available, both parents/guardians should sign.**

The School Medication Authorization Form expires at the end of the school year.