Golf School District 67
School Medication Authorization Form

Dear Parents:

As a general rule, schools do not administer medication (or allow self-administration) unless medication is necessary to allow a student to attend school safely. Because of the health and safety risks to children involved in administration of any medication, we are very careful to make sure that specific rules and procedures are followed.

In order for the school to either administer medication or allow its self-administration, please completely fill out the following form. If you have any questions, please do not hesitate to contact us.

Name of Student: ____

Address: ____

Emergency Phone: ____

School/Grade: ____

Date of Birth: ____

PART I – PHYSICIAN'S STATEMENT

(This statement may be signed by a physician's assistant or advance practice registered nurse having such authority delegated by a supervising/collaborating physician. Note: A health care provider's signature is ***not*** *required for students who require asthma inhalers during the school day.)*

1. Name/type of medication ____
2. Is the prescribed medication for an asthmatic condition ______________________________
3. Dosage/amount to be given ____
4. Route of administration ____
5. Frequency and time of administration ______________________________________
6. Duration (week, month, indefinite, etc.) ____________________________________
7. Diagnosis, intended effect and anticipated reaction to medication (symptoms, side effects, etc.) ______
   ____
8. Other medication student is receiving ______________________________________
9. Other requirements or special circumstances __________________________________
10. Must this medication be administered during the school day in order to allow the student to attend school? ____
11. Is supervised student self-administration authorized?__________________________________
12. For Asthma Medication/Epinephrine Auto-Injectors Only*: Is supervised self-administration authorized?: *(Check one)* ☐ Yes ☐ No

    **Pursuant to Illinois law, upon parental consent, a student who is prescribed asthma medication and/or an epinephrine auto-injector, may possess and use his/her asthma medication and/or epinephrine auto-injector during school or at school-sponsored activities without the supervision of District personnel.*

Physician's Signature: ______________________________ Date: ____________________

Address: ______________________________________ Phone: ____________________

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PART II –PARENT'S REQUEST/APPROVAL

I hereby authorize: *(Check one or both)*

_____ Golf School District 67 school personnel to administer medication.

_____ Self-administration of medication by my child during school hours according to the above instructions.

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 Golf School District 67 and its employees and agents, in my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of Golf School District 67) 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 AN INDIVIDUAL OTHER THAN A SCHOOL NURSE AND SPECFICALLY CONSENT TO SUCH PRACTICES**. I further waive any claims against the School District, members of the Board of Education, its employees and agents arising out of the administration or self-administration of said medication, and agree to hold harmless and indemnify the School District, the members of the Board of Education, its 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 attorneys' fees, resulting from or arising out of the administration or self-administration of medication. I also acknowledge that the School District shall incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication or epinephrine auto-injector or the storage of any medication by school personnel, regardless of whether the self-administration of an asthma inhaler or Epi-Pen was authorized by the parent or healthcare provider.

For Asthma Medication/Epinephrine Auto-Injectors Only:
I consent to my child's possession and unsupervised self-administration of asthma medication:
(Check one) ☐ Yes ☐ No

PART III –CONSENT FOR EMERGENCY TREATMENT

I, ___________________________________, parent or legal guardian of __________________________, have enrolled my child in Golf School District 67 and hereby authorize Dr. _________________________, my child's physician, or any physician in his or her group practice, on my behalf to administer emergency medical assistance to my child during school or a school-sponsored activity. In the event my child's physician is not practical under the circumstances. I hereby authorize Golf School District 67, its employees and agents to provide emergency medical assistance or to arrange for and consent to on my behalf immediate medical treatment by a licensed or certified physician or other medical personnel for my child whenever the authorized school personnel believe such emergency medical assistance is necessary to protect the health, safety and welfare of my child. I further waive any claims against Golf School District 67, the members of the Board of Education, its employees and agents arising out of the provision of or arrangement for emergency medical assistance to my child and agree to hold harmless and indemnify Golf School District 67, the members of the Board of Education, its employee 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 attorneys' fees, resulting from or arising out of the provision of or arrangement for emergency medical treatment.

____ ____________________

Parent/Guardian Signature: Date: