



SCHOOL MEDICATION AUTHORIZATION FORM

No medication shall be given unless this form is completed and signed by the parent/guardian and physician, physician's assistant or advanced practice nurse. Students are **NOT PERMITTED** to have any type of medication in their possession with the exception of those who require a rescue inhaler, an Epi pen or diabetic care supplies. Both prescription and non-prescription over-the-counter medication needed during school or school related functions need to be turned in to the nurse's office and in their appropriately labeled container dispensed by the physician or pharmacy.

Return this form to the school nurse or fax to the nurse at 847-388-4803.

To be completed by the student's parent/guardian AND PHYSICIAN and kept in the school nurse's office.

Student's Name: _____ Birth Date: _____ Student ID#: _____

Address: _____

Home Phone: _____ Emergency Phone: _____

TO BE COMPLETED BY THE STUDENT'S PHYSICIAN: (Only one (1) medication per form)

Physician's printed name: _____

Office Address: _____

Office Phone: _____ Office Fax: _____

Medication: _____ Dosage: _____

Diagnosis requiring medication: _____ Frequency: _____

Time medication is to be administered or under what circumstances: _____

Duration of time student to take medication: _____

Intended effect of this medication: _____

Expected side effects if any: _____

Other medication(s) student is receiving: _____

I authorize the student to carry and self-administer this medication **during school-sponsored day trips (field trips) and multi-day overnight trips (educational tours)**, in accordance with my instructions (above) and the school's procedures for field trips and educational tours (on next page): Yes No

Physician's Signature: _____ **Date:** _____

By signing below, I agree:

1. 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 120 and its employees and agents, in my behalf and stead, to administer or to attempt to administer to my child (or allow my child to self-administer, while under the supervision of the employees and agents of District 120), 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 practices,** and
2. To indemnify and hold harmless District 120 and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration of medication or the student's self-administration of medication.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date



FOR PARENTS OF STUDENTS WHO SELF ADMINISTER MEDICATIONS

I authorize Mundelein Consolidated High School District 120 and its employees and agents, to allow my child or ward to possess and use his or her asthma medication, diabetic supplies or “Epi-Pen”:

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 on school-operated property

I verify that my child has been instructed and can self-administer his/her prescribed rescue medication in accordance with the prescribed dosage and route. Also my child is aware of potential side effects, when medication is not effective, and when additional help is needed. Illinois law requires the School District to inform parent(s)/guardian(s) 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, 145/30 and 145/45).

If you agree, please initial: _____
Parent/Guardian initial

MEDICATION PROCEDURES FOR FIELD TRIPS AND EDUCATIONAL TOURS

Students will be allowed to carry and self-administer over-the-counter and prescription medications as needed during off-site school sponsored activities (field trips) or educational tours (trips lasting more than one day), provided the following criteria are met:

- Medication shall be supplied by the parent/guardian.
- The School Medication Authorization Form must be completed by the student’s physician and parent/guardian, and submitted to the MHS licensed professional educator sponsoring the field trip by the pre-trip deadline.
- On the School Medication Authorization Form, the student’s physician must authorize self-administration of the medication.
- The medication must be stored and transported in the original manufacturer-labeled container (for over-the-counter medication) or prescription-labeled container (for prescription medication).

For Office Use Only:
