

HEALTH SERVICES – NORTH BOONE COMMUNITY SCHOOLS
Authorization for the Administration of Medication

Name of Student _____ Birthday _____
Address _____ Telephone # _____
Parent Name _____ School _____

Physician's Statement

Name of Medication/Diagnosis _____
Dosage/Route of Medication _____
Frequency/Time to be Administered _____
Duration (week, month, etc.) _____
Diagnosis Requiring Medication _____
Intended Effect of the Medication _____
Possible Side Effects _____
Other Medication Student is Receiving _____

PHYSICIAN SIGNATURE: _____

Physician Emergency Telephone Number _____ Date _____

Parent Request/Approval

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, in my behalf, 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 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 the school nurse, and specifically consent to such practices, and I agree to indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self administration of medication.

PARENT/GUARDIAN SIGNATURE: _____

Emergency Telephone Number _____ Date _____

Self-Administration

I authorize the School District and its employees and agents to allow my child or ward to possess and use his/her own asthma medication and/or 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 or after school care on school operated property. 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 or epinephrine auto-injector (105 ILCS 5/22-30)

"I take full responsibility for the appropriate use of the medication by the student named above and I want my student to carry this medication with him/her. I understand that distribution to any other student will result in suspension and possible expulsion of my child."

PARENT/GUARDIAN SIGNATURE: _____ Date _____

Reviewed March 5 2009 / April 2012

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