

**FSD145**

Freeport School District

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| School Year |
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School Medication Authorization Form

*To be completed by the child's parent(s)/guardians(s). A new form must be completed every school year.
Keep in the school nurses's office or, in the absence of a school nurse, the building Principal's office.*

Rx: # _____ Pharmacy _____

Student's Name: _____ Birth Date: _____

Address: _____

Home Phone: _____ Emergency Phone: _____

School: _____ Grade: _____ Teacher: _____

Medication: *To be completed by the student's physician, physician assistant, or advanced practice RN.*

Physician's Printed Name: _____ Address _____

Office Phone/Fax: _____

Medication name: _____

Purpose: _____

Dosage: _____ Frequency: _____

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

Prescription valid school year: Yes _____ No _____

Diagnosis requiring medication:

Is it necessary for this medication to be administered during the school day ? ☐ Yes ☐ No

Expected side effects, if any: _____

Time interval for re-evaluation: _____

The child is able to safely self-administer an (circle one) EpiPen® / inhaler ☐ Yes ☐ No

Other medications student is receiving: _____

Symptoms of an adverse reaction and proper steps in response: _____

Physician's signature: _____ Date: _____

Parent signature: _____ Date: _____

Student's Name: _____ Birth Date: _____

For asthma inhalers and EpiPens®:

*Parent/guardian, please attach prescription label here: **For only parents/guardians of students who need to carry asthma medication or an epinephrine auto-injector:***

I authorize the School District and its employees and agents, to allow my child or ward to carry and self-administer his or her asthma inhaler and/or use his or her 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-school or after-school care on school-operated property. I acknowledge that the School District and its employees and agents will 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 use of an epinephrine auto-injector regardless of whether authorization was given by the student's parents or guardians or by the pupil's physician, physician's assistant, or advanced practice registered nurse (105 ILCS 5/22-30). I acknowledge that I must 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 my child's self-administration of medication or use of an epinephrine auto-injector regardless of whether authorization was given by the student's parents or guardians or by the pupil's physician, physician's assistant, or advanced practice registered nurse (105 ILCS 5/22-30).

If you agree please initial: _____

Parent/Guardian

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 and agents, in my behalf, to administer or to attempt to administer to my child (or to allow my child to *self-administer* pursuant to State law, 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 a school nurse and specifically consent to such practices.** I agree that the School District and its employees and agents will incur no liability, except for willful and wanton conduct, as a result of any injury arising from the administration or attempt to administer medication to my child.

Both parents and/or guardians, if available, should sign.

Parent/Guardian Name(s): _____

Address (if different from the student's above): _____

Phone: _____ Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Parent/Guardian

Signature: _____