Exhibit – Student Medication Medical Authorization Form 1, 2

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

Grade:	
Emergency I Grade:	Phone:
Grade:	
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	t, or advanced practice RN (Note : for):
Emergency l	Phone:
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Frequency:	
	Discontinuation date:
U	<i>,</i> – –
cian's signature	Date
	Emergency Frequency: r what circumstantistered during the

¹ This exhibit may be placed in the handbook or given to parents/guardians as needed.

² Students who are diabetic may also self-carry and self-administer diabetic testing supplies and insulin. Diabetic students must have a separate Diabetes Care Plan. For further information, see: www.iasb.com/law/diabmats.cfm, Handbook Procedure 1.130 (Care of Students with Diabetes) and Handbook Procedure 1.130-E1 (Exhibit: Authorization to Provide Diabetes Care, Release of Health Care Information, and Acknowledgement of Responsibilities).

Asthma Inhalers

Parent(s)/Guardian(s) 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. 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).

Please initial below to indicate (a) receipt of this information, and (b) authorization for your child to carry and use his or her asthma medication or epinephrine auto-injector.

Parent/Guardian initials

§5.20-E1

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. This includes administration of undesignated epinephrine auto-injectors or opioid antagonist to my child when there is a good faith belief that my child is having an anaphylactic reaction or opioid overdose, whether such reactions are known to me or not (105 ILCS 5/22-30, amended by P.A. 99-480). 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

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 administration or the child's self-administration of medication.

Parent/Guardian printed name		
Address (if different from Student's above):		
Phone:	Emergency Phone:	
Parent/Guardian signature		

Cross-references:

PRESS 7:270, Administering Medicines to Students

PRESS 7:270-AP, Dispensing Medication

PRESS 7:270-E, School Medication Authorization Form