



Dear Parents/Guardians:

In order to comply with the mandates of the State of Illinois, prescribed medications will be administered in school only when a School Medication Authorization Form (Med A form) has been completed by the parent/guardian or an emancipated student and the healthcare provider. Medications are defined as either prescription or over-the-counter products that have any medicinal ingredients whatsoever.

If you feel your child may require a prescription or over-the-counter medication during school, on either a daily or as needed basis, there must be a Med A form completed. One form must be completed for each medication. Once the document is complete and filed in the school health office, the identified medication may be administered to the student. The order for medication and Med A form must be renewed by the healthcare provider each school year or every time a medication or dosage is changed.

The medication provided to school must precisely match the medication the healthcare provider listed on the Med A form. All medications need to be delivered to school by an adult. Students are not permitted to transport medications to or from school. Exceptions are epinephrine and asthma medications if self-carry and self-administration permissions have been granted on the Med A form. Students with chronic health conditions (allergies, asthma or seizures) are also asked to complete additional forms specific to their health conditions.

These procedures are for the protection of all students in Central 301. The District guidelines are in the student handbooks. We appreciate your cooperation with this process as we all work together in the best interest of our students. If you have any questions, please contact your school nurse or building administrator.

In partnership,

Central 301 Health Services Team

School Medication Authorization Form (Med A)

To be completed by the child's parent(s)/guardian(s):

This form is to be used for medication other than medical cannabis. (See 7:270-E2, School Medication Authorization Form - Medical Cannabis.) A new form must be completed every school year for each medication. This form is to be kept in the school health office. A parent/guardian signature is required at the end of this form.

Student's Name: _____ Birth Date: _____

Address: _____

Guardian 1 Phone: _____ Guardian 2 Phone: _____

School: _____ Grade/Teacher: _____

To be completed by the student's physician, physician assistant with prescriptive authority, or advanced practice RN with prescriptive authority:

Prescriber's Printed Name: _____

Office Address: _____

Office Phone: _____ Emergency Phone: _____

Medication Name: _____

Purpose: _____

Dosage: _____ Frequency: _____

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

Prescription Date: _____ Order Date: _____ Discontinuation Date: _____

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: _____

Other medications student is receiving: _____

Prescriber's Signature: _____ Date: _____

For parents/guardians of students requiring asthma inhalers and/or epinephrine injectors:

Is the asthma inhaler and/or epinephrine injector required under a qualifying plan pursuant to 105 ILCS 5/10-22.21b, amended by P.A. 101-205 (an asthma or allergy care plan)? Yes No

Please provide the original box with the prescription label with the name of the asthma medication/epinephrine injector, the prescribed dosage, and the time at which or circumstances under which the asthma medication/epinephrine injector is to be administered. **See asthma/allergy care plan.** 105 ILCS 5/22-30(b)(2)(i), 105 ILCS 5/22-30(b)(2)(ii)(A)-(C).

For parents/guardians of students who need to carry and use their asthma medication or an epinephrine injector:

I authorize the School District and its employees and agents, to allow my child to self-carry and self-administer his or her asthma medication and/or epinephrine 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 parents/guardians 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-carry and self-administration of asthma medication or epinephrine injector. 105 ILCS 5/22-30, amended by P.A. 102-413.

Please initial to indicate (1) receipt of this information, and (2) authorization for your child to carry and use his or her asthma medication or epinephrine injector.

Parent/Guardian Initials: _____

For parents/guardians of students who need to self-administer medication required under a qualifying plan:

I grant permission for my child to self-administer his or her medication required under an asthma action plan, an Individual Health Care Action Plan, an Illinois Food Allergy Emergency Action and Treatment Authorization Form, a plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or a plan pursuant to the federal Individuals with Disabilities Education Act. 105 ILCS 5/10-22.21b, amended by P.A. 101-205.

Medication(s) **other than asthma inhalers and/or epinephrine injectors** (complete section above) required under a qualifying plan that student is permitted to self-administer: _____

Please initial to indicate (1) receipt of this information, and (2) authorization for your child to self-administer medication under a qualifying plan.

Parent/Guardian Initials: _____

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, on 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 injectors or opioid antagonists, to the extent the School District maintains such undesignated supplies, 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. 102-413.* 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): _____

Home Phone: _____ Cell Phone: _____ Emergency Phone: _____

Parent/Guardian Signature: _____ Date: _____