

Harlem School Medication Authorization Form

7:270-E

To be completed by the child's parent(s)/guardian(s) and kept in the School Nurse's office or, in the absence of a school nurse, the Building Principals' Office. **Medication must be brought to school by an adult in the original container.**

Student's Name:		Birth Date:	
Address:			
Home Phone:		Emergency Phone:	
School:	Grade:	Teacher:	

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

Physician's Printed Name:		
Office Address:		
Office Phone:		Emergency Phone:
Medication:		
Dosage:		Frequency:
Time Medication is to be administered or under what circumstances:		
Prescription Date:	Order Date:	Discontinuation Date:
Diagnosis requiring medications:		
Must this medication be administered during the school day in order to allow the child to attend school or to address the student's medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No (Mark One)		
Expected side effects if any:		
Other medications student is receiving:		
Physician's Signature:		Date:

For only parents/guardians of students who need to carry and use asthma medication, epinephrine auto-injectors and/or diabetic supplies:
 I authorize the School District and its employees and agents to allow my child or ward to self-carry and self-administer his or her asthma medication and/or epinephrine auto injector and/or diabetic supplies (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-carry and self-administration of asthma medication or epinephrine auto-injector (105 ILCS 5:22-30).

Please initial to indicate (a) receipt of this information, and (b) authorization for your child to carry and use his or her asthma medication and/ or epinephrine auto-injector and/or diabetic supplies.
 Please initial: _____ Parent(s)/Guardian(s) initial _____

For all Parents/Guardians:

1. 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 and instead, to administer or to attempt to administer to my child (or to 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. This includes administration of undesignated epinephrine auto-injectors to my child when there is a good faith belief that my child is having an anaphylactic reaction whether such reactions are known to me or not (105 ILCS 5/22-30, amended by P.A. 98-795). 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 specially consent to such practices.
2. By signing below, I agree to indemnify and hold harmless the school district, 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.
3. By signing below, I agree to allow the Harlem School District to contact the physician to verify orders from this form.

 Parent/Guardian printed name

 Parent/Guardian printed name

 Parent/Guardian Signature* Date

 Parent/Guardian Signature* Date

*both parents and/or guardians, if available, should sign