

**Glenbrook High School District 225
Glenbrook North High School
Glenbrook South High School**

**School Medication Authorization Form
PRESCRIPTION MEDICATIONS**

Student Name _____	ID# _____
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Illinois State Law requires written permission by a parent/guardian and licensed healthcare provider for administration of any medication at school. Please complete the following information and have your child's physician provide the appropriate instructions and signatures at the bottom of this form. **Prescription medication orders must be renewed annually.** Parents are responsible for providing the school with all medications in the original prescription-labeled, or manufacturer-labeled bottle.

Asthma/Allergies/Diabetes:

Students with asthma or severe allergies are strongly encouraged to carry their rescue inhalers or Epi-pens on their person. Back-up medications may also be stored in the Nurses' Office, and is highly encouraged, so that they are readily available in the event of an emergency. Additionally, a nebulizer is available for use with a valid doctor's order. Diabetic students may keep a supply of insulin, syringes, and a glucometer in the Nurses' Office for their use, along with any other needed testing supplies. Most diabetic students keep their supplies in a plastic box labeled with their name and ID number. Diabetic students may store food or snacks in the refrigerator. Please make every effort to supply the Nurses' Office with your child's most current Care Plan.

PRESCRIPTION MEDICATIONS

Medication Name and Dosage: _____

Medication Name and Dosage: _____

Frequency/Instructions: _____

Frequency/Instructions: _____

Diagnosis/Indication: _____

Diagnosis/Indication: _____

Possible Side Effects: _____

Possible Side Effects: _____

Parent/Guardian & Physician Authorization

I authorize Glenbrook High School District 225 to administer said medications to my child, according to School Board Policy and Medication Administration Procedures and Guidelines.

Parent/Guardian Signature _____ **Date** _____

Physician Signature _____ **Date** _____

Physician's Name (Printed) _____ **Date** _____

For parents/guardians of students who need to carry and use their asthma medication (rescue inhaler) or epinephrine auto-injector:

I authorize Glenbrook School District 225 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: (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 or epinephrine auto-injector.

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 School District 225 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 auto-injectors or opioid antagonists to my child when, in good faith, it is believed 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 Glenbrook School District 225 and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of said administration, or the child's self-administration of medication.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____

Primary Phone Number: _____

Emergency Phone Number: _____