

WILMINGTON SCHOOL DISTRICT 209U

MEDICATION ADMINISTRATION/SELF-ADMINISTRATION CONSENT FORM

The State of Illinois mandates that the following guidelines be followed for administration of medication in the school setting:

1. District policy states that medication may be given to students only upon the written request of the student's physician and parent. NOTE: A health care provider's signature is not required for students who require asthma inhalers during the school day as long as the inhaler's original prescription label/box is provided to the school.
2. Medication must be delivered to the school by the parent/guardian, unless prior arrangements have been made to independently carry an inhaler, epi-pen, or insulin pump.
3. Medication must be in its original, unopened container. Prescription medication must have the correct pharmacy labeled directions for administration.
4. Notification by the health care provider must be provided when a medication is discontinued or a change in dosage or interval occurs.
5. Medication administration consent forms must be completed annually.

PLEASE NOTE: Unclaimed medication at the end of the school year will be discarded.

*This form must be completed and returned to the school before the medication can be given and must be updated every school year.

STUDENT NAME _____ GRADE _____ DOB _____		
PARENT/GUARDIAN NAME _____		PHONE _____
MEDICATION _____		DIAGNOSIS _____
DOSAGE _____	ROUTE _____	TIME/FREQUENCY _____
OTHER REQUIREMENTS OR SPECIAL CIRCUMSTANCES _____		
DISCONTINUE DATE _____		POSSIBLE SIDE EFFECTS _____
IS SUPERVISED STUDENT SELF-ADMINISTRATION AUTHORIZED? YES NO		
IS IT MEDICALLY NECESSARY FOR THE STUDENT TO SELF-CARRY/SELF-ADMINISTER HIS/HER ASTHMA INHALER or EPIPEN?		
YES _____		NO _____
<p>*PURSUANT TO ILLINOIS LAW, UPON PARENTAL CONSENT (FOR ASTHMA INHALERS) OR PHYSICIAN AUTHORIZATION (FOR EPINEPHRINE AUTO-INJECTOR), A STUDENT WHO IS PRESCRIBED ASTHMA MEDICATION AND/OR EPINEPHRINE AUTO-INJECTOR MAY POSSESS AND USE HIS/HER ASTHMA MEDICATION AND/OR EPINEPHRINE AUTO-INJECTOR WHILE AT SCHOOL OR DURING SCHOOL-SPONSORED ACTIVITIES WITHOUT THE SUPERVISION OF DISTRICT PERSONNEL.</p>		
PHYSICIAN SIGNATURE _____		DATE _____
PRINT PHYSICIAN NAME _____		PHONE _____

WILMINGTON SCHOOL DISTRICT 209U

MEDICATION ADMINISTRATION/SELF-ADMINISTRATION CONSENT FORM

PARENT SECTION

I HEREBY AUTHORIZE WILMINGTON SCHOOL DISTRICT 209U PERSONNEL TO _____ADMINISTER OR_____ PERMIT THE SELFADMINISTRATION OF MEDICATION TO/BY MY CHILD DURING SCHOOL HOURS ACCORDING TO THE ABOVE INSTRUCTIONS.

I HEREBY CONFIRM MY PRIMARY RESPONSIBILITY TO ADMINISTER MEDICATION TO MY CHILD. HOWEVER, IN THE EVENT THAT I AM UNABLE TO DO SO, I HEREBY AUTHORIZE WILMINGTON SCHOOL DISTRICT 209U AND ITS EMPLOYEES AND AGENTS, IN MY BEHALF AND STEAD, TO ADMINISTER OR TO ATTEMPT TO ADMINISTER TO MY CHILD (OR TO ALLOW MY CHILD TO SELF-ADMINISTER, WHILE UNDER SUPERVISION OF THE EMPLOYEES AND AGENTS OF WILMINGTON SCHOOL DISTRICT 209U) LAWFULLY PRESCRIBED MEDICATION IN THE MANNER DESCRIBED ABOVE. I ACKNOWLEDGE THAT IT MAY BE NECESSARY FOR THE ADMINISTRATION OF MEDICATION TO MY CHILD TO BE PERFORMED BY AN INDIVIDUAL OTHER THAN A SCHOOL NURSE AND SPECIFICALLY CONSENT TO SUCH PRACTICES. I FURTHER WAIVE ANY CLAIMS AGAINST WILMINGTON DISTRICT 209U, ITS INDIVIDUAL BOARD MEMBERS, EMPLOYEES, AND AGENTS ARISING OUT OF THE ADMINISTRATION OR SELF-ADMINISTRATION OF SAID MEDICATION, AND AGREE TO HOLD HARMLESS AND INDEMNIFY WILMINGTON DISTRICT 209U, ITS INDIVIDUAL BOARD MEMBERS, EMPLOYEES AND AGENTS, FROM AND AGAINST ANY AND ALL LIABILITY, CLAIMS, DEMANDS, DAMAGES, OR CAUSES OF ACTION OR INJURIES, COSTS, AND EXPENSES, INCLUDING ATTORNEYS' FEES, RESULTING FROM OR ARISING OUT OF THE ADMINISTRATION OR SELF-ADMINISTRATION OF MEDICATION. I ALSO ACKNOWLEDGE THAT WILMINGTON SCHOOL DISTRICT 209U SHALL 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 OR THE STORAGE OF ANY MEDICATION BY DISTRICT PERSONNEL, REGARDLESS OF WHETHER THE SELF-ADMINISTRATION OF AN ASTHMA INHALER OR EPI-PEN WAS AUTHORIZED BY THE PARENT OR HEALTHCARE PROVIDER.

FOR ASTHMA MEDICATION/EPINEPHRINE AUTO-INJECTORS ONLY: I AUTHORIZE WILMINGTON SCHOOL DISTRICT 209U AND ITS EMPLOYEES AND AGENTS, TO ALLOW MY CHILD/ WARD TO CARRY AND SELF-ADMINISTER HIS/HER ASTHMA INHALER AND/OR USE HIS/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 WHLE IN BEFORE-SCHOOL OR AFTER-SCHOOL CARE ON SCHOOL-OPERATED PROPERTY. ILLINOIS LAW REQUIRES THE SCHOOL DISTRICT TO INFORM PARENT/GUARDIAN THAT IT, AND ITS EMPLOYEES AND AGENTS, INCUR NO LIABILITY, EXCEPT FOR WILLFUL AND WANTON CONDUCT, AS A RESULT OF ANY INJURY ARISING FROM THE ADMINISTRATION OF ASTHMA MEDICATION OR EPINEPHRINE AUTO-INJECTOR (1051LCS 5/22-30).

PARENT/GUARDIAN SIGNATURE

DATE