

Milne/Kelvin Grove School District 91
EPI-PEN SELF-CARRY MEDICATION AUTHORIZATION

Please Note: Only one medication per form

(All information in this section must be completed.)

STUDENT NAME _____ Date of Birth _____ Grade _____
ALLERGIES (medication only) _____ Current weight of Student _____
Purpose of Medication _____

PRESCRIPTION MEDICATION (FOR SELF-CARRY ONLY)

Requires a pharmacy prescription label and physician signature

(All information in this section must be completed.)

Name of Medication _____ Strength of Medication _____
Dose _____ Route _____ Frequency _____
Possible Side Effects _____
Special Instructions _____

Physician Name (Printed) _____
Address _____ Phone _____
Physician Signature _____

Parent Authorization

(All blanks must be completed)

Pursuant to the authority granted under Section 105 ILCS 5/22-30 of the Illinois School Code, I hereby authorize my son/daughter, _____, to self administer the above referenced asthma or emergency medication.

I agree to indemnify and hold harmless the School District, its Board of Education, and the Board's members, officers, employees and volunteers from any claim, liability, loss, or expense, including reasonable attorney's fees, suffered by any of the foregoing indemnities and arising out of a claim related directly or indirectly to my son/daughter's self-administration of the above referenced asthma or emergency medication brought by me, any other parent or guardian of my student or another student, or by or on behalf of my student or another student. The School District 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 school personnel.

PLEASE CHECK ONE BOX

My child can self-administer this medication without supervision.

OR

My child will require supervision or assistance with the administration of this medication.

PLEASE CHECK ONE BOX

I consent to my child's possession of the above physician-ordered medication. (Requires two containers of medication, one is for student to carry and one will be kept in the Nurse's office.)

OR

I request that the above medication be kept in the health office for supervised administration.

Parent/Guardian Signature _____ Date _____
Parent/Guardian name printed _____
Address _____ Phone _____

MILNE-KELVIN GROVE SCHOOL DISTRICT #91

RECOMMENDED GUIDELINES FOR MEDICATION ADMINISTRATION IN SCHOOL

The purpose of administering medications in school is to help each child maintain an optimal state of health that may enhance his/her educational plan. The medications shall be those required during school hours that are necessary to provide the student access to the educational program.

The intent of these guidelines is to reduce the number of medications given in school, yet assure safe administration of medications for those children who require them.

GUIDELINES

All prescription medications given in school must be prescribed by a doctor. A written order from the prescribing doctor must be provided and name of the medicine, dosage and time intervals that the medicine is to be taken should also be included.

Any over-the-counter medication needs the parent authorization completed and on file at school. (see other side for authorization)

Medication must be brought to school in the original package or appropriately labeled container. Over-the-counter medication shall be brought in with the manufacturer's original label and the child's name affixed to the container.

Written parent/guardian consent is to be placed on file requesting that the medication be given during school hours.

Any questions regarding these guidelines can be made by contacting Milne Grove School at 838-0542 or Kelvin Grove School at 838-0737.

Administering Medicines to Students

Students should not take medication during school hours or during school-related activities unless it is necessary for a student's health and well-being. When a student's licensed health care provider and parent(s)/guardian(s) believe that it is necessary for the student to take a medication during school hours or school-related activities, the parent/guardian must request that the school dispense the medication to the child and otherwise follow the District's procedures on dispensing medication.

No School District employee shall administer to any student, or supervise a student's self-administration of, any prescription or non-prescription medication until a completed and signed "School Medication Authorization Form" is submitted by the student's parent(s)/guardian(s). No student shall possess or consume any prescription or non-prescription medication on school grounds or at a school-related function other than as provided for in this policy and its implementing procedures. A student may possess an epinephrine auto-injector (EpiPen®) and/or medication prescribed for asthma for immediate use at the student's discretion, provided the student's parent(s)/guardian(s) have completed and signed a "School Medication Authorization Form." The School District 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 school personnel. A student's parent/guardian must 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 a student's self-administration of an epinephrine auto-injector and/or medication, or the storage of any medication by school personnel.

Nothing in this policy shall prohibit any school employee from providing emergency assistance to students, including administering medication.

The Building Principal shall include this policy in the Student Handbook and shall provide a copy to the parent(s)/guardian(s) of students.

LEGAL REF.: 105 ILCS 5/10-20.14b, 5/10-22.21b, and 5/22-30.

ADOPTED: February 12, 2007