

**STREATOR ELEMENTARY SCHOOLS DISTRICT #44  
SCHOOL MEDICATION AUTHORIZATION FORM**

A new form must be completed every school year and kept in the school nurse's office or, in the absence of a school nurse, the Building Principal's office.

**To be completed by the student's parent(s)/guardian(s).**

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

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

Physician'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: \_\_\_\_\_

Intended effect of this medication: \_\_\_\_\_

Is it necessary for this medication to be administered during the school day?       YES       NO

For asthma medication or an EpiPen®, will the student self carry medication?       YES       NO

Expected side effects, if any: \_\_\_\_\_

Time interval for re-evaluation: \_\_\_\_\_

Other medications student is receiving: \_\_\_\_\_

Physician's Signature

Date

(This form must be signed by a physician or person authorized to prescribe medication. A Doctor/Nurse signature is not acceptable.)

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**For only parent(s)/guardian(s) of students who need to carry asthma medication or an EpiPen®:**

I authorize District #44 and its employees and agents, to allow my child or ward to possess and use 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 and 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-administration of medication (105ILCS 5/22-30).

**If you agree please initial:** \_\_\_\_\_  
Parent(s)/Guardian(s) initial

**For all parent(s)/guardian(s) of students who need medication, by signing below, I agree:**

1. 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 District #44 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 the supervision of the employees and agents of the District #44), lawfully prescribed medication in the manner described above. **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
2. To indemnify and hold harmless District #44 and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by the pupil.

\_\_\_\_\_  
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.