

Beecher 200U

Medication Administration Form

This order is valid only for the school year _____

This medication form must be completed fully and signed by the parent AND physician in order for staff to administer any medication. A new medication authorization form must be completed at the beginning of each school year and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in the original container labeled by the pharmacist or provider (including epi-pens and inhalers in original, labeled box)
- Over-the-counter medication must be in the original, unopened container with label intact
- Student's are prohibited from transporting **ANY** medication
- Expired medications cannot be administered and will be disposed of if not picked up

Student name _____ Grade _____ Birth Date _____

TO BE COMPLETED BY PHYSICIAN:

Prescribed Medications: (inhaler, nebulizer, epi-pen, ADHD/ADD medication, etc.) **SEPARATE FORMS FOR EACH PRESCRIBED MEDICATION**

Medication _____ Dosage _____ Frequency _____

Diagnosis _____

Possible Side Effects _____

Conditions under which medication should be administered, including directions for administration by school personnel, and any additional instructions _____

If this prescription is for an inhaler or epinephrine auto-injector, should the student carry the inhaler or auto-injector on his/her person? Yes _____ No _____

OTC Medications: Beecher 200U maintains a stock of the following OTC medications. I authorize the district to administer:

(Please check all that apply)

Acetaminophen Dose _____ Frequency _____ Indication _____

Ibuprofen Dose _____ Frequency _____ Indication _____

Benadryl Dose _____ Frequency _____ Indication _____

Tums Dose _____ Frequency _____ Indication _____

Physician's Signature

Physician's Name

Date

Phone Number

Fax Number

RELEASE AND HOLD HARMLESS FOR MEDICATIONS

To be completed by Parent or Guardian: I hereby confirm that I am primarily responsible for administering medication to my child. However, in the event of a medical emergency, or if necessary, for the critical health and well-being of my child, I hereby authorize BEECHER 200U SCHOOL DISTRICT and its employees and agents, on my behalf and stead, to administer or to attempt to administer medication to my child during school hours or while under the supervision of school personnel.

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.

I understand that my child is expected to be compliant in the medication treatment plan as ordered by the physician. I further acknowledge and agree that, when lawfully prescribed medication(s) is so administered or attempted to be administered or is self-administered by my child, to the fullest extent permitted by law I waive any claims I might have against the School District, release and hold the District, its employees and agents either jointly or severally, harmless from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

I further represent to the School District that my child ____ is ____ is not (check one) capable of self-administering the medication.

I authorize the school nurse to speak with the prescribing physician by phone about the medication if needed.

Parent's name Phone Number Parent's signature Date

For parents/guardians of students with physician permission to carry epinephrine auto-injectors and/or inhalers.

I authorize the School District and its employees and agents, to allow my child or ward to possess and use his or her epinephrine auto-injector and/or asthma medication (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, as a result of any injury arising from a student's self-administration of asthma medication or epinephrine auto-injector (105 ILCS 5/22-30).

If you agree please sign: _____
Parent Signature