



ADMINISTRATION BUILDING

701 West Gregory Street - Mount Prospect, Illinois 60056

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**AUTHORIZATION OF STUDENT SELF-ADMINISTRATION OF ASTHMA  
MEDICATION AND/OR POSSESSION OF AN EPINEHRINE AUTO-INJECTOR**

Name of Student: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Prescribed Dosage: \_\_\_\_\_

Time or special circumstances under which medication is to be administered: \_\_\_\_\_

Pursuant to the authority granted under Section 105 ILCS 5/22-30 of the Illinois School Code, I hereby authorize my student to self-administer the above referenced asthma medication and/or epinephrine auto-injector (Epi-Pen®). I agree to indemnify and hold harmless the School District, its Board of Education and the Board members, officers, employees, and volunteers from any claim, liability, loss or expense, including reasonable attorneys' fees, suffered by any of the foregoing indemnities and arising out of a claim related directly or indirectly to my student's self-administration of the above referenced asthma medication and/or epinephrine auto-injector (Epi-Pen®) and 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. I understand that the School District and the foregoing individuals are to incur no liability as a result of any injury arising from the self-administration of medication, provided, however, this indemnity and hold harmless commitment does not apply to the willful and wonton conduct of the foregoing indemnities. I further understand it is recommended that additional medication be provided to the School Health Office in the event my student forgets or loses their asthma medication/ Epi-Pen®.

\_\_\_\_\_  
Signature Parent/Guardian                      Printed Name                      Date

\_\_\_\_\_  
Signature Licensed Health Care  
Provider                      Printed Name                      Date

# MOUNT PROSPECT SCHOOL DISTRICT 57

## HEALTH SERVICES

### ADMINISTERING MEDICINES TO STUDENTS PROCEDURES

In accordance with Board Policy 7:270, 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. The district recognizes that at times medication must be administered by district personnel during the school day or during participation in a district program or activity. In such cases, the administering of medication to students by district personnel is subject to the following procedures:

1. The school nurse, along with teacher and/or program/activity supervisor is to be informed of students requiring medication administration during the school day or during participation in a district program or activity.
2. The parent/guardian must provide to the school a completed *School Medication Authorization Form* authorizing the district to administer medication prescribed by a licensed health care provider. A licensed health care provider is defined as a physician, physician assistant, or advanced practice registered nurse. **Only medication, whether over-the-counter or prescription, that a licensed health care provider has authorized in writing will be administered by district personnel.** This form includes a waiver of liability to be signed by the parent.
3. Any medication sent to school must be in the original container. The pharmacy prescription or drug manufacturer label must be present on the container. All medication must be delivered to school by an adult and given to a school representative. At the end of the school year, all medication must be picked up by an adult.
4. The school should be notified of any change in medication by submitting a new *School Medication Authorization Form*.
5. Verbal permission or notes will not be allowed.
6. Any type of medication brought to school without a *School Medication Authorization Form* will be held for safekeeping in the health office. The medication will not be administered and must be picked up by the parent/guardian or will be destroyed at the end of the school year.
7. The school nurse or principal will oversee the district's procedures for administering medicines to students and may, at their discretion, reject requests for administration of medication.
8. A student may possess asthma medication and/or an epinephrine auto-injector (Epi-Pen®) prescribed for use at the student's discretion provided the *Self Administration Form* has been submitted.

The purpose behind these procedures is to ensure that the physical well-being of the student is protected, to assure that district personnel do not administer unauthorized medication, and to reaffirm that, if at all possible, medication should be administered in the home.