

Board of Education

La Grange Highlands School District 106 recognizes that some students may require the administration of medication during school hours. All medications, both prescription and nonprescription, require a physician order to be administered at school. In order for your student to receive medication in school, the District 106 Authorization and Permission for Administration of Medication form on the reverse side of this letter must be completed both by the physician and the parent/guardian. Children who require medication for severe allergies or for asthma require forms in addition to the District 106 Authorization and Permission for Administration of Medication form. A Food Allergy Emergency Action Plan and Treatment Authorization and an Individual Health Care Plan must be completed for children with severe food allergies. Asthmatic children should also have an Asthma Action Plan completed by their physician. Children with bee sting allergies also require completion of the Individual Health Care Plan.

Medication must be brought to school by the parent in the 1) pharmacy labeled prescription container, or 2) nonprescription container properly labeled with the student's name. The medication will be kept in a locked cabinet in the Nurse's Office or other location designated by the school nurse. The nurse will administer all medications in the health office.

Students may self-administer asthma inhalers or epinephrine auto-injector medication. This means that the child has discretionary use of and has the ability to carry the medication. If a child will self-administer an asthma inhaler at school, they may carry a labeled inhaler with them to use as directed provided that there is written parent authorization; and, the parents have provided a copy of the prescription label. This applies only to students self-administering asthma inhalers. When children require the nurse's assistance, physician order and parent consent is necessary. Epinephrine auto-injectors may be self-administered as directed only if written authorization has been received from the child's physician. The physician must mark and initial the epinephrine auto-injector self-administration line on the Authorization and Permission for Administration of Medication; and, the parent must sign the parent consent portion of the form.

A complete description of La Grange Highlands School District 106 Medication Administration Policy can be found in the Parent Handbook. Please feel free to contact the nurse at 708/485-3432 with any questions.

LaGrange Highlands School District 106

1750 W. Plainfield Road, LaGrange, IL 60525

Elementary School Health Office: (708) 485-3418

Middle School Health Office: (708) 485-3432

Elementary School Health Office Fax: (708) 485-3611

Middle School Health Office Fax: (708) 485-3593

School Year: _____

Grade and Teacher: _____

AUTHORIZATION AND PERMISSION FOR ADMINISTRATION OF MEDICATION

(To Be Completed Annually by Physician)

Student Name: _____

Date of Birth: _____

This child is under my medical care for _____ and medication is required during the school day.

(Diagnosis)

Name of Drug	Dosage	Route	Frequency	Time To Be Given At School	Side Effects

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This student has been instructed in the self-administration of the above epinephrine auto-injector (ONLY), knows the circumstances under which to use the medication, and may carry the auto-injector. _____

Prescriber's initials

Signature of Physician _____ Date _____ OFFICE STAMP

Printed Name of Physician _____ Physician's Office and Emergency Phone # _____

Asthma Inhalers - Parents please attach prescription label to the back of this form if student is self-administering.

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My child has my permission to self-administer his/her asthma inhaler. _____ Parent's initials

By initialling here, the parent/guardian is responsible for the student carrying and maintaining their own inhaler

(To Be Completed By Parent or Legal Guardian)

I give permission for my child to receive the above medication(s) as directed by the physician. I will bring the medication to the school nurse in a container labeled by the pharmacy. I will provide a written doctor's order if the medication dosage is changed or the medication is discontinued. For all medications other than self-administered asthma medications or epinephrine auto-injectors, I understand that it is the responsibility of the student to report to the District 106 Health Office at the scheduled time to receive the medication. I further completely release and excuse LaGrange Highlands District 106 and its employees and agents of any liability or obligation of any nature in any way related to the District's medication policy and procedure.

"Self-administration" means that the student has the discretion as to the use of his/her asthma medication or epinephrine auto-injector (ONLY). Therefore, as the parent/guardian, I acknowledge that the student is responsible for having asthma medication or an epinephrine auto-injector available as needed, and that the student has demonstrated competency in the proper way to use the medication.

I, the parent/guardian of the above student acknowledge that, District 106, along with its employees and agents, incur no liability as a result of any injury arising from the student's self-administration of asthma medication or epinephrine auto-injector. I indemnify and hold harmless the district, along with its agents and employees, against any claims (except a claim based upon willful and wanton conduct).

Parent signature and date: _____ Telephone: _____

Emergency contact name: _____ Telephone: _____