

Mokena School District 159
Medication Authorization Form 2021-2022

Student Name: _____ **Date of Birth:** _____ **Grade in 2021-22:** _____

TO BE COMPLETED BY THE STUDENT'S PHYSICIAN

Today's Date: _____

Name of medication: _____ Dosage: _____

Frequency: _____ Time to be given at school: _____

Date of prescription: _____ Discontinue date: _____

Diagnosis requiring medication: _____

Desired benefits of the medication: _____

Expected side effects, if any: _____

Other medications student is receiving: _____

Must this medication be administered during the school day in order to allow the child to
attend school or to address the student's medical condition? Yes No

May this medication be safely administered by school personnel other than the school nurse? Yes No

PHYSICIAN AUTHORIZATION FOR SELF-ADMINISTRATION OF
ASTHMA MEDICATION OR EPINEPHRINE AUTO-INJECTOR

In compliance with Senate Bill 0979 (August 17, 2001), I authorize this student to carry and self-administer the above named asthma medication.

(mark and initial) YES _____ NO _____

In compliance with Senate Bill 2898 (May 19, 2006), I authorize this student to carry and self-administer the above named epinephrine auto-injector due to risk of anaphylaxis.

(mark and initial) YES _____ NO _____

Physician's Name (please print)

Physician's Signature

Physician's Street Address / City

Office Phone / Emergency Phone #

(OVER)

(OVER)

TO BE COMPLETED BY PARENT / GUARDIAN

Student Name: _____

**PARENT/GUARDIAN AUTHORIZATION FOR SELF-ADMINISTRATION OF
ASTHMA MEDICATION OR EPINEPHRINE AUTO-INJECTOR**

In compliance with Senate Bill 0979 (August 17, 2001), I agree with the physician's statement above to authorize my child to carry and self-administer the above named asthma medication.

(mark and initial) YES _____ NO _____

In compliance with Senate Bill 2898 (May 19, 2006), I agree with the physician's statement above to authorize my child to carry and self-administer the above named epinephrine auto-injector due to risk of anaphylaxis.

(mark and initial) YES _____ NO _____

I/We understand that according to state statute Mokena School District 159 and its employees and its agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from self-administration or use of an epinephrine auto-injector and/or of the asthma medication by my/our child. I/we 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 the self-administration or use of an epinephrine auto-injector and/or asthma medication is effective for this school year only and must be renewed each subsequent school year, if desired. I/We understand that a copy of this permission will be kept in my/our child's school medical file

I hereby confirm 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 Mokena School District 159 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 Mokena School District 159), 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. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the school district, its employees and agents, either jointly or severally, 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.

X

Parent/Guardian Name (please print)

X

Parent/Guardian Signature

Parent/Guardian Emergency Phone #

Date

(OVER)