

HEALTH SERVICES
La Grange School District 105
FAX NUMBERS

- GURRIE
- HODGKINS
- IDEAL
- SEVENTH AVENUE
- SPRING AVENUE

GURRIE: 708) 482-2724 HODGKINS 708) 482-2728
 IDEAL 708) 482-2729 SEVENTH AVENUE 708) 482-2726
 SPRING AVENUE 708) 482-2725

Grade _____
 School Year _____

PERMIT FOR ADMINISTRATION OF REQUIRED MEDICATIONS DURING SCHOOL HOURS

(TO BE COMPLETED BY PHYSICIAN)

This child _____ is under my medical care for _____ (diagnosis)
 and medication is **required** during the school day for the purpose of _____

NAME OF DRUG	DOSAGE	FREQUENCY	TIME TO BE GIVEN AT SCHOOL	DURATION	SIDE EFFECTS

This student has been instructed in the self-administration of the above **asthma or epi-pen** medication and knows the circumstances under which to use the medication. Student must carry the medication during school.

 Prescriber's Initials

Note: It is strongly recommended that an extra inhaler or epi-pen be kept in the school office.

APPROVED:

School Nurse

Date

 DATE

 SIGNATURE OF PHYSICIAN

 PRINTED NAME OF PHYSICIAN

 ADDRESS

 EMERGENCY TELEPHONE NUMBER

(TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN)

For parents/guardians of students who need to carry asthma medication or an Epi-pen:

I authorize School District 105 and its employees and agents, to allow my child or ward to possess and use his/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 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, incurs no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication or epinephrine auto-injector (105 ILCS 5/22-30). *If you agree please initial:* _____

Parent(s)/guardian(s)

For all parents/guardians:

By signing below, I agree 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 School District 105 and its employees and agents, on my behalf, 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 School District 105) 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 I agree to indemnify and hold harmless School District 105 and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

 Parent Signature

 Phone (Home / Work or Cell)

 Date

District No. 105 Form 7270

La Grange, IL

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Parent Signature

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Date