

# McHenry Community High School

East Campus

1012 N. Green St. McHenry, IL 60050

815-385-1145 Fax: 815-363-8435

West Campus

4724 W. Crystal Lake Rd. McHenry, IL 60050

815-385-7077 Fax: 815-363-8651

## REQUEST TO ADMINISTER MEDICATION IN SCHOOL

### Guidelines for Medication in School

It is believed that all medication should be administered at home whenever possible. However, under certain conditions it is in the best health and educational interests of the student to take medication during school. In such a case, this form must be completely filled out and signed by both a doctor and a parent/guardian. This request form must be filled out for each medication and must be filled out each school year. The medication must come to school in the original container and should be brought by an adult. It is the responsibility of the parent/guardian to notify the school of any changes in medication administration. The parent/guardian must have the doctor put these changes in writing. It is the student's responsibility to come for the medication at the correct time.

### Student Information

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### Medication Information and Authorization

*To be completed and signed by the student's physician, physician assistant, or advanced practice registered nurse. For asthma inhalers, use the "asthma inhalers" section below.*

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

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

Time(s) medication is to be given or under what circumstance(s): \_\_\_\_\_

Medication to start: \_\_\_\_\_ Medication to end: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Other medications the student is taking: \_\_\_\_\_

Comments: \_\_\_\_\_

This student has been instructed in the use of this medication and understands the reasons for taking it as well as the possible side effects. The need to inform school personnel of any unusual effects and the importance of taking the medication correctly has been explained to the student. I believe that this student understands the medication and is capable of self-administration at school.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Asthma Inhalers

*Parents/Guardians must attach prescription label here:*

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*(NOTE: Prescription label must contain the name of the medication, the prescribed dosage, and the time at which or circumstances under which the medication is to be administered.)*

## Parent/Guardian Authorizations

*(For all parents/guardians)*

I authorize my child to self-administer medication under the supervision of school personnel. I understand that the medicine must be in the original container and correctly labeled. I understand that it is my child's responsibility to report for this medication at the correct time and to notify school personnel of any side effects. I also understand that, in the case of medication that must be carried by my child, it is my child's responsibility to use his or her own medication appropriately and not allow anyone else to use this medication. Further, I agree to indemnify and hold harmless School District #156 and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by my child.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian printed name: \_\_\_\_\_ Phone: \_\_\_\_\_

## *For parents/guardians of students with asthma medication or an epinephrine auto-injector*

I authorize McHenry High School District #156 and its employees and agents, to allow my child to carry and self-administer his or her asthma medication and/or use his or her 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. I acknowledge that School District #156 and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the student's self-administration of medication or use of an epinephrine auto-injector, regardless of whether authorization was given by the student's parents or guardians or by the student's physician, physician's assistant, or advanced practice registered nurse. I agree to indemnify and hold harmless School District #156 and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication or the student's use of an epinephrine auto-injector regardless of whether authorization was given by the student's parents or guardians or by the student's physician, physician's assistant, or advanced practice registered nurse.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian printed name: \_\_\_\_\_