WEST CENTRAL COMMUNITY UNIT SCHOOL DISTRICT #235
www.wc235.k12.il.us

District Office
Stacey Day, Superintendent
1514 US Route 34
Biggsville, IL 61418
Phone: (309) 627-2371
Fax: (309) 627-2453

Elementary
Kathy Lafary, Principal
1514 US Route 34
Biggsville, IL 61418
Phone: (309) 627-2330
Fax: (309) 627-9919

Middle School
Brittany Kugler, Principal
215 West South St.
Stronghurst, IL 61480
Phone: (309) 924-1681
Fax: (309) 924-1122

High School
Jason Kirby, Principal
1514 US Route 34
Biggsville, IL 61418
Phone: (309) 627-2377
Fax: (309) 627-2120

Student Medical Authorization Form

To be completed by the child's parent(s)/guardian(s). A new form must be completed every school year. Kept in the school nurse's office or in the absence of a school nurse, the Building Principal's Office.

Students Name: _____ Birth Date: _____

Home Phone: _____ Emergency Phone: _____

School: _____ Grade: _____ Teacher: _____

To be completed by the student's physician, physician assistant, or advanced practice RN (*Note: *for asthma inhalers only, use the "Asthma Inhalers" section below):

Physician's Printed Name: _____

Office Address: _____

Office Phone: _____ Emergency Phone: _____

Medication Name: _____

Purpose: _____

Dosage: _____ Frequency: _____

Time medication is to be administered or under what circumstances: _____

_____

Prescription date: _____ Order date: _____ Discontinuation date: _____

Diagnosis requiring medication:_____

Is it necessary for this medication to be administered during the school day? Yes No

Expected side effects, if any: _____

Time interval for re-evaluation:_____

Other medications student is receiving:_____

_____ _____

Physician's Signature Date

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Asthma Inhalers

Parent(s)/Guardian(s) please attach prescription label here:

For only parents/guardians of students who need to carry asthma medication or an epinephrine auto-injector:

I authorize the School District and its employees and agents, to allow my child or ward to carry and self administer his or her asthma inhaler 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. Illinois law requires the School District to inform parent(s)/guardian(s) that it, and its employees and agents, incur 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).

Please initial below to indicate (a) receipt of this information, and (b) authorization for your child to carry and use his or her asthma medication or epinephrine auto-injector.

_____

Parent/Guardian initials

_____ _____

Parent/Guardian Signature Date