Students

Exhibit - School Medication Authorization Form- Medical Cannabis

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

Student's Name:_____Birth Date:_____
Address:_____
Home Phone:_____Cell Phone:_____ Emergency Phone:_____
School: _____Grade:_____Teacher:_____

To be completed by the student's physician, a physician assistant with prescriptive authority, or advanced practice RN with prescriptive authority:

Prescriber's Printed Name:_____
Office Address: _____
Office Phone: _____Emergency Phone:_____
Medication name:_____
Purpose:_____
Dosage:_____ Frequency:_____
IDPH registry ID card for student is valid [insert dates]_____
IDPH registry ID card for designated caregiver is valid [insert dates]_____

Attach copies of both registry identification cards.

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:_____
_____

Prescriber's Signature:_____Date_____

For only parents/guardians of students who want to grant their child permission to self-administer a medical cannabis infused product under direct supervision by a school nurse or administrator:

I grant permission for my child to self-administer his or her medical cannabis infused product required under an asthma action plan, an Individual Health Care Action Plan, an Illinois Food Allergy Emergency Action and Treatment Authorization Form, a plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or a plan pursuant to the federal Individuals with Disabilities Education Act. 105 ILCS 5/10-22.21b, amended by P.A. 101-205, eff. 1-1-20. I understand that my child's self-administration will only occur under direct supervision by a school nurse or school administrator. 105 ILCS 5/22-33(b-5), amended by P.A. 101-370, eff. 1-1-20.

Medical cannabis infused product child is permitted to self-administer:

_____

Please initial to indicate (1) receipt of this information, and (2) authorization for your child to self-administer a medical cannabis infused product.

_____
Parent/Guardian Initials

By signing below, I acknowledge, understand and agree as follows:

1. The only individual(s) who may possess and administer medical cannabis to my child at school or on the school bus is: a) his/her registered designated caregiver as identified by the Ill. Dept. of Public Health (IDPH); or b) a school nurse or school administrator.

2. Both my child and his/her registered designated caregiver possess valid registry identification cards issued by the IDPH, copies of which I have provided/will provide to the District.

3. After administering the medical cannabis to my child, the designated caregiver shall immediately remove the product from school premises or the school bus.

4. The designated caregiver may not administer a medical cannabis infused product in a manner that, in the opinion of the District or school, would create a disruption to the school's educational environment or would cause exposure of the product to other students.

5. Children under age 18 cannot smoke or vape medical cannabis. Medical cannabis-infused products include oils, ointments, foods, and other products that contain usable cannabis but are not smoked or vaped.

6. The District reserves the right to restrict or otherwise stop allowing the administration of medical cannabis to my child if the District or school would lose federal funding as a result.

7. I agree to 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 administration of medical cannabis that I authorize by my signature below.

Parent/Guardian Printed Name_____

Address (if different from Student's above):_____

Home Phone:_____Cell Phone:_____Emergency Phone:_____

_____

Parent/Guardian Signature Date