



Individual Health Care Plan-Epilepsy

Photo here

Student: _____ Student's weight: _____ Date: _____

Teacher: _____ Grade: _____ School: _____

Home phone: _____

Medical Diagnosis & Brief Medical History:

Medications/Dose: _____

If you should see this:

Do this:

--	--

Physical Education Adaptations: _____

Transportation Adaptations: _____

Food Service Adaptations: _____

Emergency Contacts (Please provide an English speaking adult):

Parent/Guardian: _____ Home phone: _____ Cell phone: _____ Work: _____

Name/Relationship: _____ Home phone: _____ Cell phone: _____ Work: _____

Name/Relationship: _____ Home phone: _____ Cell phone: _____ Work: _____

Parent/Guardian signature

Date

Copy to: Teacher (emergency & sub folder); Health Clerk; School Evacuation Kit; Cafeteria; Bus Driver; Parent



BOARD OF EDUCATION

9440 North Kenton Avenue
Skokie, Illinois 60076-1338
Telephone: 847/676-9000
Fax: 847/676-9232
Internet: www.Skokie68.org

**ADMINISTRATION OF EPILEPSY MEDICATION AUTHORIZATION, HOLD-HARMLESS
AND INDEMNITY FORM**

Student's name: _____

Date of birth: _____

Home Telephone Number _____

Emergency Telephone Number _____

This Section must be completed and signed by either: (i) the student's physician; (ii) physician assistant; or (iii) advanced practice registered nurse:

Licensed Prescriber's Name: _____

Address: _____

Regular Telephone Number: _____

Emergency Telephone Number: _____

Name of medication: _____

Dosage: _____

Time and Circumstances of administration at school: _____

Side effects from medication for which student must be observed: _____

Signature of physician, physician's assistant or
advanced practice registered nurse

Date

This Section must be completed by the student's parent or guardian:

I hereby authorize school district personnel to administer the above referenced medication to my child at school, school-sponsored activities, while under the supervision of school personnel, and before/after normal school activities such as before/after school care on school operated property.

I agree to indemnify and hold harmless the School District, its Board of Education and the Board's members, officers, employees and volunteers from any claim, liability, loss or expense, including reasonable attorneys' fees, suffered by any of the foregoing indemnitees and arising out of a claim related directly or indirectly to the administration or attempted administration of the above referenced medication of and brought by me or any other parent or guardian of my student. We understand that the School District and the foregoing individuals are to incur no liability as a result of any injury arising from the administration of medication or attempted administration of medication, or any injury arising during the course of the administration of the medication provided, however, this indemnity and hold harmless commitment does not apply to the willful and wanton conduct of the foregoing indemnitees.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

This form shall be effective for the 20__ - 20__ school year only, and must be renewed each subsequent school year.