## School Medication Authorization Form

To be completed by the student's parent/guardian. A new form must be completed each school year. Please complete one form per medication. Medications must be brought to the school office in the original container.

Student's Name:	Birthdate:
Address:	
Home Phone:	Cell Phone:
To be completed by the student's physician.	
Physician's Name (printed):	
Office Address:	
Office Phone:	
Medication Name:	
Purpose of Medication:	
Dosage:	Frequency:
Time medication is to be administered at school or under what circumstances:	
Prescription Date:	
Discontinuation Date:	
Expected Side Effects (if any):	
Other medications student is receiving:	
Physician's Signature:	Date:

Parents must also complete the next page

## 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 \_\_\_\_\_\_ 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 \_\_\_\_\_\_), lawfully prescribed medication in the manner described above, or over-the-counter medication that has been brought in by the student in the manner indicated on the container.

I acknowledge that \_\_\_\_\_\_ does not have a school nurse. I agree to indemnify and hold harmless \_\_\_\_\_\_ and its employees and agents against any and all claims, except a claim based on willful and wanton misconduct, arising out of the administration or the child's self-administration of medication.

If you agree, please initial: \_\_\_\_\_\_ Parent/guardian

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

I authorize \_\_\_\_\_\_ and its employees and agents, to allow my child to possess and use his/her asthma or diabetes medication and/or epinephrine auto-injector while in school. Illinois law requires \_\_\_\_\_\_ to inform parents/guardians that it, and its employees and agents, incur no liability, except for willful and wanton misconduct, 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/guardian

All parents must sign below:

Printed name

Printed name

Signature/Date

Signature/Date