

# STUDENT MEDICATION AUTHORIZATION FORM

*To be completed by the child's parent/guardian. A new form must be completed every school year and kept in the school office.*

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Grade: \_\_\_\_\_

*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: \_\_\_\_\_

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 medication student is receiving: \_\_\_\_\_

\_\_\_\_\_

Physician's signature

Date

(OVER)

**Administration of Asthma Inhalers**

*Parent/Guardian please attach prescription label here:*

**Authorization for Self-administration of Medication:**

I authorize Christ Lutheran School and its employees and agents to allow my child to carry and self-administer his or her asthma inhaler, 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 Extended Care. Illinois law requires Christ Lutheran School to inform the parent/guardian 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 (1085 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

**Administration of Non-Aspirin Substitute**

\_\_\_\_\_ I authorize school personnel to administer Tylenol or ibuprofen to my child listed above.

Dosage Amount: Children's: \_\_\_\_\_ Adult: \_\_\_\_\_

**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 authorize the school principal or his/her designee, on my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer in accordance with School Medication Guidelines), lawfully prescribed medication and non-prescribed medication in the manner described in the Physician's Order {attached} I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual who does not have medical training, and I specifically consent to such practices and I agree to indemnify and hold harmless Christ Lutheran School and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

\_\_\_\_\_  
Parent/Guardian printed name

Address (if different from Student's above): \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency phone: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date