

AVOCA SCHOOL DISTRICT #37
SCHOOL MEDICATION AUTHORIZATION FORM

STUDENT'S NAME: _____ GRADE _____

AVOCA WEST SCHOOL

MARIE MURPHY

(Required for all prescription and non-prescription medications)

To be completed by physician and parent:

NAME OF MEDICATION _____ DOSAGE _____

FREQUENCY _____ TIME TO BE GIVEN _____

DATE STARTING _____ DISCONTINUATION DATE _____

DIAGNOSIS REQUIRING MEDICATION _____

INTENDED EFFECT OF THIS MEDICATION _____

SIDE EFFECTS, IF ANY _____

TIME INTERVAL FOR RE-EVALUATION _____

OTHER MEDICATIONS STUDENT IS RECEIVING AT HOME: _____

(Physician's Name--Print)

(Physician's Name--Signature)

(Address)

(Phone)

FURTHER INSTRUCTION REMARKS: **** SELF-CARRY/SELF-ADMINISTER EPINEPHRINE AUTO-INJECTOR ****
**** SELF-CARRY/SELF-ADMINISTER INHALER ****

I hereby confirm 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 Avoca School District #37 and its employees and agents, in my behalf and stead, to administer or attempt to administer to my child (or allow my child to self-administer, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. I ACKNOWLEDGE THAT IT MAY BE NECESSARY FOR THE ADMINISTRATION OF MEDICATIONS TO MY CHILD BE PERFORMED BY AN INDIVIDUAL OTHER THAN A SCHOOL NURSE, AND SPECIFICALLY CONSENT TO SUCH PRACTICES. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the School District, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the School District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries, incurred or resulting from the administration or attempts at administration of said medication.

Parent Signature

Date