

Evergreen Park Community High School Medication Authorization Form

Student Name: _____ Date of Birth: _____

Students who require medication at school **must** have a signed authorization from the parents/guardians and the prescribing physician on file. No medication (including over the counter drugs) will be given until both authorizations are received by the school nurse.

Medication should be brought to school by the parent/guardian. All medication must be appropriately labeled.

The nurse will monitor the administration of all school meds, however, certified personnel (other than the nurse) may be assigned the task of dispensing medication in the event that the nurse is not available. A daily medication log will be maintained.

State law also requires that we inform the parents/guardians of the student, in writing, that the school district and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self administration of medication by the student.

Prescribing Physician Authorization

Medication	Dosage	Route	Frequency	Time to be given in school

Allergy medication (i.e. inhaler, epi-pen): Student may self administer? Yes ___ No ___

Physician's signature _____

Comments (Reason for medication, possible reaction, etc.)

Physician's name (Please Print)

Signature

Date

Address: _____

Telephone: _____

Parent/Guardian Authorization

I give permission for my child to receive the above medication(s) in the school setting. I am aware that the prescribed medication may be dispensed by certified personnel in the event that the nurse is not available.

I am aware that no medication will be given until both parent and prescribing physician authorization is on file; that a medication dosage will not be increased, decreased, or discontinued without the prescribing physician's order; that medications should be brought to school by the parent/guardian; and that all medications be appropriately labeled.

Parent/Guardian Name(s) (Please Print)

Signature(s)

Date