Due 8/30/19

School Medication Authorization Form

To be completed by the child's parent/guardian:

Student Name: _____ Birth Date: _____

Address: _____

Phone #: _____ Emergency Phone #: _____

School: _____ Grade: _____ Teacher: _____

I, the parent/guardian of the child mentioned above, give my permission for authorized school personnel to administer the following first aid/OTC medications in the designated dosages, under the designated circumstances, during the school day. Personnel will notify me of any medications administered.

Medication: _____ Dosage: _____ Purpose: _____ Initial: _____

(optional)

Due 8/30/19

For parents/guardians of students who need to carry asthma medication or an EpiPen ONLY:

I authorize Carbondale New School and its employees and agents to allow my child or ward to possess and use his/her asthma medication and/or epinephrine auto-injector: (1) while in school, (2) while at school-sponsored activities, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. Illinois law requires Carbondale New School to inform parent/guardian that it, its employees and agents, incur no liability; except for cases of willful and wanton conduct, 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 initials)

To be completed by the student's PHYSICIAN, PHYSICIAN ASSISTANT, or ADVANCED PRACTICE RN:

Physician's Name: _____

Office Address: _____

Office Phone: _____ Emergency Phone: _____

Medication Name: _____

Purpose: _____

Dosage: _____ Frequency: _____

Time medication is to be administered and/or under what circumstances: