

PEKIN PUBLIC SCHOOL DISTRICT 108

Authorization and Permission for Administration of Medication at School

Student's Name Birthdate School Date

School medications are administered following these guidelines:

Physician/Prescriber signed and dated authorization to administer the medication.

Parent signed, dated authorization to administer the medication.

The medication is in the original labeled container as dispensed or the manufacturer's labeled container.

The medication label contains the student name, name of medication, directions for use and date.

Annual renewal of authorization and renewal with any dosage changes.

PHYSICIAN AUTHORIZATION:

It is necessary that this child have medication during school hours in order to attend school. Therefore, I am giving my permission for the nurse, principal or the principal's designee, to give this medication as prescribed by me.

Medication Dosage Time to be given at school

Diagnosis: _____

Side Effects: _____

Other medication student is taking currently: _____

Administration instructions: _____

Prescriber's Signature Date

Address Phone

PARENTAL AUTHORIZATION:

I acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am not able to do so or in the event of a medical emergency, I hereby authorize Pekin Public School District 108 and its employee's and agents, on my behalf and stead, to administer or attempt to administer to my child, lawfully prescribed medications 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 the school nurse, and specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted, I waive any claims I might have against Pekin Public School District 108, its employees and agents arising out of the administration of said medication. In addition I agree to hold harmless and indemnify Pekin Public School District 108, 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. I authorize the MD to disclose the diagnosis this medication is being prescribed for.

Parent/Guardian Signature Home phone

Work Phone Date