

# East Moline Public Schools District #37 School Medication Authorization Form

## Guidelines for the Administration of Medication in the Schools

- Medication shall be delivered to school by the parent/guardian. Prescription medication must be in the container appropriately labeled by the pharmacist/physician.
- Nonprescription medication must be in the original manufacturer's container labeled with the student's name.
- Written orders must be received from the physician.
- Written permission must be received from the parent/guardian. Notification must be received from a physician when the drug is to be discontinued and/or the diagnosis is changed.
- Medication authorization must be renewed at the beginning of each school year.

NAME OF STUDENT	SCHOOL	DATE
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## Administration of Medication in the Schools

The administration of medication is not normally a function of education. However, some students may require prescription medication during the school day. Only in cases where failure to take prescribed medication would jeopardize the student's health and/or education will medication be administered at school. No student shall be allowed to possess or consume any prescription or nonprescription medication unless this completed and signed School Medication Authorization form has been delivered to the school nurse or the building principal.

- MUST this medication or treatment be administered during the school day to allow the child to attend school? YES \_\_\_\_\_ NO \_\_\_\_\_
- MAY this child carry his/her inhaler with them? YES \_\_\_\_\_ NO \_\_\_\_\_
- MAY this Child SELF ADMINISTER this Medication? YES \_\_\_\_\_ NO \_\_\_\_\_

MEDICATION	DOSAGE-FREQUENCY-TIMES
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DOSAGE AT SCHOOL	TIME TO BE GIVEN AT SCHOOL	DURATION OF ADMINISTRATION
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ILLNESS/DISEASE

POSSIBLE SIDE EFFECTS

PHYSICIAN/HEALTHCARE PROVIDER SIGNATURE	DATE	PHONE NUMBER
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I hereby confirm my primary responsibility to administer medication to my child. However, in the event that I am unable to do so, I hereby authorize East Moline District #37 and its employees and agents, on my behalf and stead, to administer or attempt to administer to my child (or to allow my child to self-administer) lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medication to my child to be performed by an individual other than a school nurse. 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 actions, or injuries incurred or resulting from the administration or attempts at administration of said medication.

PARENT/GUARDIAN SIGNATURE	DATE	WORK PHONE	HOME/CELL PHONE
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