



Medication Administration Authorization
This form must be renewed annually

Student's Name (Last, First, Middle)

Date of Birth

9th 10th 11th 12th
Grade Level (Circle one)

Physician Authorization is required for ALL prescription and non-prescription medications

Condition(s) requiring medication at school

Table with 4 columns: Medication, Dose/Route, Frequency/Time of Day, purpose / other requirements /circumstances. Contains 4 rows for medication details.

Other medications student is taking

\*For asthma rescue inhalers, epinephrine auto-injectors, and diabetic medications/supplies is unsupervised, self-administration authorized? Yes No (circle one) \*For Asthma rescue inhalers only please affix prescription label to this form

Date

Physician Signature

Physician Name (Print or Stamp) / Phone #

Physician Address

Parent/Guardian Authorization

I hereby acknowledge that I am primarily responsible for administering medication to my child or ward. However, in the event that I am unable to do so, I hereby authorize the school nurse or her designee, on my behalf, to administer or attempt to administer to my child or supervise self-administration by my child the lawfully prescribed medication described above in the manner described above.

I authorized Joliet Catholic Academy and its employees and agents, to allow my child/ward to carry and self-administer his/her asthma inhaler, epinephrine auto-injector, or diabetic medications/supplies while in school, at a school sponsored activity, under the supervision of school personnel, and before or after normal school activities.

I agree to indemnify and hold harmless Joliet Catholic Academy, its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or self-administration of medications. It is my responsibility to notify the School Nurse of any change in my child's health status or medication. This authorization is effective for the duration of the school year during which the form is signed by the parent/guardian. This form must be renewed for each school year. I understand that I may revoke the authorization contained herein at any time in writing.

Date

Parent/Guardian Signature

Printed Name of Mother/Guardian

Emergency Phone #

Parent/Guardian Printed Name

Printed Name of Father/Guardian

Emergency Phone #