

**School Medication Authorization Form**  
**(optional)**

**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: \_\_\_\_\_

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**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:

\_\_\_\_\_

Prescription Date: \_\_\_\_\_ Order Date: \_\_\_\_\_ Discontinuation Date: \_\_\_\_\_

Diagnosis requiring medication: \_\_\_\_\_

Is it necessary for this medication to be administered during the school day?      Yes      No

Expected side effects, if any: \_\_\_\_\_

Time interval for re-evaluation: \_\_\_\_\_

Other medications the student is receiving: \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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)