

Lincoln-Way High School District 210-Medication Authorization Form

A new form must be completed every school year. Forms need to be submitted to campus nurse and medication MUST be picked up by parent at the end of the school year.

Students Name: _____ ID# _____ Birth date: _____

Physician's orders (to be completed by attending Doctor-please print):

1. Medication _____ Dosage: _____ Route: _____

Purpose of medication: _____ Side effects: _____

2. Medication _____ Dosage: _____ Route: _____

Purpose of medication: _____ Side effects: _____

3. Medication _____ Dosage: _____ Route: _____

Purpose of medication: _____ Side effects: _____

4. Medication _____ Dosage: _____ Route: _____

Purpose of medication: _____ Side effects: _____

5. Medication _____ Dosage: _____ Route: _____

Purpose of medication: _____ Side effects: _____

Physician's signature: _____

Phone number: _____ **date:** _____

Address: _____

For Parents/guardians of students who need to carry asthma medication or an Epi-pen or are diabetic:

In the event it is necessary that the student **Self-Administer** asthma medication/Epi-pen at school or **independently** manage their diabetes in school. I/WE waive any claims/damages/causes of action/injuries that might arise out of medication self-administration/diabetes self-management. I/WE agree that the school district and its employees/agents are to incur no liability as a result of any injury/personal harm arising from the student's medication self-administration/diabetes self-management. 911 is called after every epi-pen administration.

Please initial: _____

Parent/guardian(s)

For all Parents/guardians:

I authorize District 210 to administer the above named medication as prescribed by physician. I/WE agree to provide medication in a properly labeled bottle/container from the pharmacy. The medication will be kept in the nurse's office where the student may come to have administered. Please check expiration dates on all medications brought in. The nurse cannot administer expired medication.

Parent/Guardian signature: _____

Home phone: _____ **work phone:** _____ **cell phone:** _____

