

LIBERTYVILLE SCHOOL DISTRICT 70

LIBERTYVILLE, IL 60048

· Adler Park School · Butterfield School · Copeland Manor School ·
· Rockland School · Highland Middle School ·

School Medication Authorization Form

It is the belief of the Board of Education that medications should be administered at home. Under certain circumstances, however, it is in the best educational and health interests of the student that prescribed medication is to be taken during school hours.

The school district retains the right to reject requests for the administration of medication, in which case the parent may arrange to come to school to administer the medication.

Students Name:		Birth Date:	
School:	Ad Bu Co Hi Ro	Grade:	Teacher:

To be completed by the student's physician:

Must this medication be administered during the school day in order to allow the child to attend school or to address the student's medical condition?	YES / NO	
Name of Medication:	Route:	
Dosage:	Frequency:	Time to be given at school:
Diagnosis requiring Medication / intended effect:		
Expected side effects, if any:		
Other Medications student is receiving:		
Physician's Signature:	Printed Physician's name:	
Address:	Office #:	Date:

Parental Authorization:

I herewith acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Libertyville School District #70 and its employees and agents, on my behalf and stead, to administer or to attempt to administer to my child (or allow my child to self-administer, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medication 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 action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent(s) / Guardian (s) signature:	
Parent(s) / Guardian (s) name printed:	
Phone #:	Date:

May the student self-administer the medication? YES / NO Applies only to inhalers and injections.

A self-administration form *must* also be completed.