Sprague – FAX 847/945-6718 Half Day – FAX 847/634-1968 Daniel Wright – FAX 847/295-7136

Lincolnshire-Prairie View School District 103
Administration Offices
111 Barclay Blvd., Suite 100 • LINCOLNSHIRE, IL 60069
847/295-4030 • FAX 847/821-0189
http://www.d103.org/

AUTHORIZATION TO ADMINISTER PRESCRIPTION AND/OR OVER THE COUNTER MEDICATION

MEDICATIONS CANNOT BE ADMINISTERED AT SCHOOL WITHOUT A LICENSED PRESCRIBER'SWRITTEN ORDER AND WRITTEN REQUEST FROM THE PARENT OR GUARDIAN

Name of Student_____ Date of Birth_____

Address _____

Emergency Phone Number(s)_____

School_____ Teacher/Advisory_____Grade____

Licensed Prescriber's Authorization:

1.) Name/type of medication _____

2.)Dosage/amount to be given_____

3.)Route of administration _____

4.)Frequency and time of administration _____

5.)Diagnosis_____

6.)Intended effect and anticipated reaction to medication _____

_____

7.)Side Effects _____

8.)Other medication child is receiving _____

9.)Must this medication be administered during the school day in order to allow the student to attend school?
_____

_____ _____

Licensed Prescriber (PRINT) Address Phone Number

_____

Licensed Prescriber (Signature) Date Signed

Parent/Guardian's Request/Approval

I hereby request and grant permission for School District 103 personnel to dispense, assist and/or observe my child_____ in the administration of medication, according to the above instructions. In consideration of the school district's agreement to administer medication to our child, we assume full responsibility for any harm, injuries or damages which may occur to our child as a result of the administration of said medication. We do hereby and forever agree to release, hold harmless, defend and indemnify the school district, its employees and agents from any and all claims, demands, damages, writ of action or causes of action, except for willful and wanton conduct, arising out of administration of said medication. I hereby acknowledge that the District and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of asthma medications, including epinephrine auto-injectors.

Parent/Guardian Signature_____Date_____ 09/02/2021cmm