OUR LADY OF TEPEYAC HIGH SCHOOL
MEDICATION AUTHORIZATION FORM
School Year: 2025-2026

This form must be filled out and returned to school by August 21, 2025.
You can return the form via email to rnavarrete@ourladyoftepeyac.org.

STUDENT INFORMATION

- **Student Name: _____**
- **Date of Birth: _____ Grade: _____**
- **Home Address: _____**
- **City, State, Zip: _____**
- **Parent/Guardian Name: _____**
- **Primary Phone: _____ Alternate Phone: _____**
- **Emergency Contact Name: _____**
- **Relationship to Student: _____**
- **Phone: _____**

MEDICATION INFORMATION

- **Medication Name: _____**
- **Dosage: _____**
- **Frequency: _____**
- **Time to be Given at School: _____**
- **Route (Oral, Injection, etc.): _____**
- **Possible Side Effects: _____**
- **Prescription Medication Start Date: _____ End Date: _____**
- **Reason for Medication and Intended Effect: _____**
- **Other Medications Student is Taking: _____**

SELF-ADMINISTRATION PERMISSION

(For students with asthma, severe allergies, or other conditions requiring emergency medication)

1. Student may carry medication on their person: ☐ **Yes** ☐ **No**
2. Student may self-administer medication: ☐ **Yes** ☐ **No**

Physician's Name (Print): _____
Physician's Signature: _____
Date: _____
Phone Number: _____

PARENT/GUARDIAN AUTHORIZATION

I hereby 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 a medical emergency, I authorize **Our Lady of Tepeyac High School**, a school of the **Archdiocese of Chicago**, and its employees to administer or assist in the administration of the above medication as directed by the physician.

I understand that school personnel who are not medical professionals may administer medication and consent to this practice. I also acknowledge that my child is responsible for carrying their medication (if applicable) and has demonstrated competency in self-administration.

For parents/guardians of students with rescue inhalers or Epipens: I authorize my child to carry and use their medication as prescribed during school hours and school-sponsored activities. I understand that the school and its employees assume no liability, except in cases of willful misconduct, for any injury arising from my child's self-administration of medication.

I agree to indemnify and hold harmless Our Lady of Tepeyac High School and the Archdiocese of Chicago, along with their employees, against any claims arising from my child's medication administration. I will also provide any updates regarding my child's medication status to the school.

Parent/Guardian Name (Print): _____
Parent/Guardian Signature: _____
Date: _____
Emergency Phone Number: _____
