

NIPPERSINK DISTRICT 2

Nippersink Middle School
1006 Main Street
Richmond, IL 60071
(815)678-7129 Fax(815)678-7210

Richmond Grade School
5815 Broadway
Richmond, IL 60071
(815)678-6774 Fax(815)678-2192

Spring Grove Elementary
2018 Main Street
Spring Grove, IL 60081
(815)678-6724 Fax(815)675-0030

MEDICATION AUTHORIZATION

Prescription and Non Prescription medications require both a physician and parent signature in order to be given during school. This form is to be renewed annually.

STUDENT NAME: _____ **Grade:** _____

DATE OF BIRTH: _____

(PART A-to be completed by the Physician)

MEDICATION: _____

DOSAGE : _____

TIME of ADMINISTRATION: _____

Reason for medication: _____

Special instructions: _____

Allergies: _____

PHYSICIAN SIGNATURE: _____ **PHYSICIAN NAME:** _____

PHYSICIAN ADDRESS: _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

DATE: _____

(PART B-to be completed by the parent/guardian)

All medication taken at school must be brought to school in the original medication container and be appropriately labeled by the pharmacy or manufacturer. Prescription medications must indicate student name, the medication name and dose, the time the medication is to be administered and the prescribing physician's name. **ALL medication taken at school must be brought to the nurse's office.**

I hereby request and grant permission for District #2 School Personnel to dispense medication to my daughter/son, _____ according to the instructions above. I further waive any claims against the School District, its employees and agents arising out of the administration of said medication, and agree to hold harmless and indemnify the School District, its employees and agents; either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs and expenses, including attorneys' fees, resulting from or arising out of the administration of medication. If applicable, I give permission for my child to administer their own asthma or emergency allergy medications.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT NAME: _____