Knoxville School District 202
Prescription Medication Authorization

_____ School Year

To be completed by **Prescriber's office and Parents.** This form is valid for one school year.
Fax: 855-554-1185

Date: _____ Grade: _____

Student: _____ Date of Birth: _____

I hereby authorize the Knoxville School District nurse, or designated school personnel to administer the following medication to my child during the school day:

Medication: _____ Dose: _____

Time to be given: _____

Start Date: _____ End Date: _____

Reason to give medication: _____

****PRESCRIBER signature required for ALL PRESCRIPTION medications****

Signed: _____ Date: _____

For Students who SELF-CARRY Inhalers and EPIPENS (7th-12th grade): I authorize the school district and its employees to allow my child to possess and use student's inhaler and/or Epipen during all school hours and any off-hour school activities. Illinois Law requires the school district to inform parents, guardians that it's employees incur no liability, except for willful and wanton conduct, as a result of any injury arising from student's self-administration of medications (Public Act 096-1460)

Parent Initials: _____

By signing below I agree that I am primarily responsible for administering medicine to my child. However in the event I am unable to do so or in a medical emergency, I hereby authorize Knoxville School District and its employees, in my behalf and stead, to administer or to 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, and to indemnify and hold harmless the school district and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by the pupil. This medication authorization form is valid for one school year only and will need to be renewed each new school year. Any medications left at the school at the end of the school year will be disposed of in a proper manner.

Parent/Guardian PRINTED Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____