MARENGO-UNION CONSOLIDATED SCHOOL DISTRICT NO.165

2023-2024 SCHOOL YEAR MEDICATION AUTHORIZATION FORM

3A

Fill out only if taking medication at school.

STUDENT NAME_____ BIRTH DATE_____

ADDRESS_____

_____

HOME PHONE_____

SCHOOL_____ GRADE _____TEACHER_____

EMERGENCY PHONE_____

TO BE COMPLETED BY STUDENT'S PHYSICIAN:

NAME OF MEDICATION_____

DOSAGE_____ TIME_____

DURATION OF MEDICATION_____

TYPE OF ILLNESS OR DISEASE_____

MUST THIS MEDICATION BE ADMINISTERED DURING THE SCHOOL DAY IN ORDER TO ALLOW THE CHILD TO ATTEND SCHOOL TO ADDRESS THE STUDENT'S MEDICAL CONDITION? _____

SIDE EFFECTS TO BE ALERTED TO:

_____

_____

_____ _____

DOCTOR'S SIGNATURE DATE

_____ _____

ADDRESS PHONE

FURTHER INSTRUCTION REMARKS:_____

I hereby confirm my primary responsibility to administer medication to my child, however, in the event that I am unable to do so, I hereby authorize Marengo-Union Consolidated School District #165 and its employees and agents, in my behalf and stead, to administer or to attempt to administer to my child (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 BE PERFORMED BY AN INDIVIDUAL OTHER THAN THE SCHOOL NURSE OR HEALTH AIDE, AND SPECIFICALLY CONSENT TO SUCH PRACTICES. I further acknowledge and agree that, when the lawfully prescribed medication is 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, it's 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/Guardian Signature **Date**

FOR OFFICE USE ONLY****

_____ _____

PERSON OBTAINING PERMISSION BY PHONE PERSON GRANTING PERMISSION BY PHONE

_____ _____

TIME DATE