



MARENGO-UNION CONSOLIDATED SCHOOL DISTRICT NO.165
2016-2017 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, its 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 _____