

**Rockton School District #140  
School Medication Authorization Form**

Student : \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
School: \_\_\_\_\_ Teacher/Grade: \_\_\_\_\_  
Physician's printed name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_  
Diagnosis requiring medication: \_\_\_\_\_  
Other medications student is receiving: \_\_\_\_\_

**I agree with the medication request below and will be responsible for:**

1. Supplying prescription medication in a pharmacy labeled container.
2. Supplying over the counter medication in the original manufacturer's container and accompanied by a physician's written order.
3. Maintaining an adequate supply of medication.
4. Delivering medication to the office by parent/guardian or responsible party.
5. Keeping school personnel informed of changes in medication (i.e. dosage or time to be given).
6. Changing medication will require new written order new prescription bottle, call or fax from physician.

**For parents/guardians of students who have asthma or need epinephrine medication:**

I authorize Rockton School District and its employee to allow my child or ward to possess and use his or her asthma or epinephrine medication (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities while on school operated property. Illinois law requires the school district to inform parents/guardians that it, and its employees incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication. Students who share their inhaler with other students will be referred to the building administrator.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**By signing below, I agree:**

1. That I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Rockton School District and its employees, 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 of the Rockton 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.
2. To indemnify and hold harmless Rockton School District and its employees against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by the pupil.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

