



High Academic Expectations within a Caring School Climate

**Oswego Community Unit School District No. 308
School Medication Authorization Form**

Student's Name _____ Birth Date _____

Address _____

Home Phone _____ Emergency Phone No. _____

School _____ Grade _____ Teacher _____

To be completed by the student's physician or parent/guardian:

Name of Medication _____
(Must be in original container)

Dosage _____ Time _____

Type if Illness or Disease _____

Is it mandatory that this medication be administered during the school day in order to allow the child to attend school? _____

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 Oswego School District and its employees and agents, in my behalf and stead, to administer or 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 to be performed by an individual other than a school nurse 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 that 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)

Helpful Hints

1. Please send only the pills or liquid medication the student will be required to take at school in the original container. It would be advisable to obtain an extra bottle from the pharmacy when the prescription is obtained to keep at home with the remainder of the medication.
2. Please put your child's name on any over-the-counter medication.
3. The parent/guardian will be responsible at the end of the treatment period or at the end of the year to pick up the student's medication or it will be discarded.

720.14

Students

STUDENT WELFARE- Administering Medicines to Students

Parent(s) or guardian(s) have the primary responsibility for administering medication to their children. Administering medication during school hours or during school-related activities is discouraged unless it is necessary for the critical health and well-being of the student. Teachers and other non-administrative school employees, except certified school nurses, shall not be required to administer medication to students. Parent(s) or guardian(s) may authorize their child to self-administer a medication according to the District's procedures for student self-administration of medication.

Nothing in this policy shall prohibit any school employee from providing emergency assistance to students, including administering medication.

The Building Principal shall distribute to each student's parent(s)/guardian(s) the District's policy, policy guidelines and forms on administering medicines to students within fifteen (15) days after the beginning of each school year, or within fifteen (15) days after starting classes for a student who transfers into the District.

LEG. REF.: Ill. Rev Stat ch. 122 para. 10-20-14b
Ill. Rev Stat ch. 122 para 10-22-21b

Adopted February 10, 1992