

## **AUTHORIZATION TO DISPENSE MEDICATION FORM**

## TO BE COMPLETED BY THE STUDENT'S PARENT/GUARDIAN:

Note: A new form must be completed each school year. Please complete one form per medication. Medications must be brought to the school office in the original container.

	Student's Name:	Birthdate:	
	Address:		
	Home Phone:	Cell Phone:	
TO E	BE COMPLETED BY THE STUDENT'S PHYSICIAN:		
	Physician's Name (printed):		
	Office Address:		
	Office Phone:		
	Medication Name:		
	Purpose of Medication:		
	Dosage:	Frequency:	
	Time medication is to be administered at school or under what circumstances:		
	Prescription Date:	Order Date:	
	Discontinuation Date:		
	Expected Side Effects (if any):		
	Other medications student is receiving:		
	Physician's Signature:	Date:	

## For all parents/guardians:

By signing below, I agree 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 St. Vincent de Paul Catholic School and its employees and agents, on my behalf, 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 St. Vincent de Paul Catholic School), lawfully prescribed medication in the manner described above, or over-the-counter medication that has been brought in by the student in the manner indicated on the container.

I acknowledge that St. Vincent de Paul Catholic School does not have a school nurse. I agree to indemnify and hold harmless St. Vincent de Paul Catholic School and its employees and agents against any and all claims, except a claim based on willful and wanton misconduct, arising out of the administration or the child's self-administration of medication.

If you agree, please initial:	
Parent/guardian	

If you agree please initial.

## For parents/guardians of students who need to carry asthma or diabetes medication or an epinephrine auto-injector:

I authorize St. Vincent de Paul Catholic School and its employees and agents, to allow my child to possess and use his/her asthma or diabetes medication and/or epinephrine auto-injector while in school. Illinois law requires St. Vincent de Paul Catholic School to inform parents/guardians that it, and its employees and agents, incur no liability, except for willful and wanton misconduct, as a result of any injury arising from a student's self-administration of medication or epinephrine auto-injector (105 ILCS 5/22-30).

Parent/guardian	<del></del>	
All parents must sign below:		
Printed name	Printed name	
Signature/Date	Signature/Date	