

Medication Authorization Form
Carrollton Community School District #1

Student's Name: _____ Birth Date: _____

Address: _____

Home Phone: _____ Emergency Phone: _____

School: _____ Grade: _____ Teacher: _____

To be completed by student's physician

Name of medication: _____

Dosage: _____ Frequency: _____ Time to be given: _____

Date of prescription: _____ Date of order: _____ Discontinuation date: _____

Diagnosis requiring medication: _____

Purpose of medication: _____

It is necessary for this medication to be administered during the school day? ☐ Yes ☐ NO

Expected side effects: _____

Medication allergies: _____

Physician's printed name: _____ Office phone: _____

Physician's Signature: _____ Date: _____

Physician's address: _____ Fax #: _____

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 the School District and its employees and agents, in my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer pursuant to State law, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. This includes administration of undesignated epinephrine auto-injectors to my child when there is a good faith belief that my child is having an anaphylactic reaction whether such reactions are known to me or not. (105 ILCS 5/22-30, amended by PA 98-795). 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, and I agree to indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

Parent/Guardian signature: _____ Date: _____