

**WOODSTOCK COMMUNITY UNIT SCHOOL DISTRICT #200
MEDICATION AUTHORIZATION FORM**

Medications will not be administered at school without a doctor's written order and a completed request form from the parent.

Student's Name: _____ Date of Birth: _____
Address: _____ Phone #: _____
Parent's/Guardian's Name: _____ Emergency Phone #: _____
School: _____ Grade: _____ Teacher: _____

TO BE COMPLETED BY STUDENT'S PHYSICIAN

Diagnosis: _____ Name of Medication: _____
Dosage: _____ Time: _____ Duration of Administration: _____
Side Effects: _____
Doctor's Name (Please Print): _____
Address: _____ Phone #: _____
Would you like follow-up reports from the teacher? Yes: ____ No: ____ How Often?: _____
Doctor's Signature: _____ Date: _____
Comments, Additional Instructions Regarding Insulin, Asthma, etc.,(additional space on reverse side):

To Parents/Guardians,

All medication to be taken at school must be brought to the nurse or principal's office by a parent/guardian or other responsible adult. Prescription medication is to be in a container appropriately labeled by the pharmacy or physician with the student's name, name of medication, dosage and the time it is to be given. **OVER THE COUNTER** medication may be brought to the nurse or principal's office if this form is completed by the doctor and parent/guardian and the bottle is unopened! **ONLY ONE BOTTLE OF THE ABOVE MEDICATION IS TO BE HOUSED IN THE SCHOOL AT ONE TIME.** The nurse will notify the parents when the supply is low. The parent/guardian may bring in a new supply and take the old bottle home. This is to avoid confusion when a nurse is not in the building and another member of the staff must administer the medication.

I hereby request and grant permission for District #200 school personnel to dispense medication to my daughter/son, according to Doctor (name) _____ instructions. I further waive any claims against the School District, it's employees and agents arising out of the administration of said medication, and agree to hold harmless and indemnify the School District, it's employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs, and expenses including attorney's fees, resulting from or arising out of the administration of medication.

Parent/Guardian Signature: _____ Date: _____

I give permission for school staff to provide progress reports as requested above by Dr. _____.

Parent/Guardian Signature: _____ Date: _____

**WAIVER FOR ADMINISTRATION OF MEDICATION
BY DISTRICT #200 STAFF FOR
FIELD TRIPS AND/OR UNUSUAL CIRCUMSTANCES**

I give approval for my daughter/son (name) _____ to receive prescribed medication during school hours. I waive any claims against School District #200, Woodstock, Illinois, members of the Board of Education, School District #200, it's employees and agents arising out of the administration of medication by a teacher or agent while on a field trip or any situation which arises when a nurse or principal is not in attendance. I agree to hold harmless and indemnify the members of School District #200 Board of Education, it's employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs and expenses including attorney's fees, resulting from or arising out of the administration of medication by the staff member in attendance.

Parent/Guardian Signature: _____ Date: _____

This release is valid for the 200__ to 200__ school year.

My child has no physical condition INCLUDING ALLERGIES TO INSECT STINGS, that would need medical attention while on the field trip.

Parent/Guardian Signature: _____ Date: _____

FURTHER COMMENTS, INSTRUCTION, ETC., FROM PARENTS/GUARDIANS AND/OR DOCTOR:
