



*World-Class Schools Serving Caring Communities*

Oswego Community Unit School District No. 308

School Medication Authorization Form

Student's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

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

Name of Medication \_\_\_\_\_

(Must be in original container)

Dosage \_\_\_\_\_ Time \_\_\_\_\_

Type of 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 to my child (or to allow my child to self-administer, which 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, agree to hold harmless and indemnify the School District, its employees an agents, either jointly or severally, from and against an and all claims, damages, causes of auction or injuries incurred or resulting from the administration or attempts at administration of said medicine.

\_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_