Forest Bluff School

MEDICATION AUTHORIZATION FORM

Prescription Medication

2026-2027

*Due to the School Office before any **prescription** medication can be given or taken at school.*
Must be completed every year.

Part One: Student Information

Name of Student: _____ Date of Birth: _____

Address: _____ Phone Number:_____

Circumstances Requiring Medication: _____
(diagnosis, condition, or syndrome)

Part Two: Licensed Prescriber's Statement and Medication Information:

To be completed by licensed prescriber

I, the above named student's licensed prescriber am requesting that the above named student receive the following medication, during school hours:

Name of Medication: _____ Dosage & Route: _____

Time to be Given & Frequency:

_____

For Asthma Medication/Epinephrine Auto-Injectors:

Is self-carry authorized? Yes No

Is unsupervised self-administration authorized? Yes No

Physician contact information in case of a reaction, emergency, or questions is:

Physician's Name (print):_____

Name of Practice or Hospital Affiliation:_____

City: _____ Phone Number:_____

Physician's Signature:_____

Date:_____

MEDICATION AUTHORIZATION FORM (cont.)

This page to be completed by the student's parent(s) or guardian(s):

Part Three: Waiver of Liability and Certification by Parent/Guardian

For Asthma Medication and/or Epinephrine Auto-Injectors:

I authorize Forest Bluff School and its employees and agents, to allow my child to carry and self-administer his or her asthma inhaler and/or use his or her epinephrine (EpiPen) auto-injector: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, on school-operated property. Illinois law requires Forest Bluff School, and all other non-public schools, to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication or epinephrine auto-injector. I will be responsible for bringing to school and removing all prescription medications (by the end of the school year) in its original container labeled by the pharmacy.

If you agree, please initial: _____

For <u>All</u> Parent(s)/Guardian(s):

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 Forest Bluff School 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 Forest Bluff School), 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 certified nurse and specifically consent to such practices**, and I agree to indemnify and hold harmless Forest Bluff School 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 Name (print): _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (print): _____

Parent/ Guardian Signature: _____ Date: _____