

Rantoul Township High School
District #193
Phone: 217-892-6123 RN's Office
Fax: 217-892-6181 or 217-892-6182

Student Medical Authorization Form
(Required when a student needs to take **Prescription and Non-prescription** medication at school.)

_____/_____/_____
Student's Name Birth Date Grade Date

School medications and health care services are administered following these guidelines:

- 1) Physician/prescriber signed and dated authorization to administer the medication
- 2) Parent/guardian signed and dated authorization to administer medication
- 3) The medication must be in the original labeled container as dispensed or the manufacturer's labeled container
- 4) The medication label must contain the student's name, name of the medication and directions for use and date.
- 5) Annual renewal of authorization and immediate notification of changes is required.

Physician Authorization:

Medication/Treatment Dosage Time to be given

Intended Effect of Medication Side Effects (if any)
Administration Instructions:

Other Medication the Student is Taking _____

May the student self-administer the medication under the supervision of a school nurse or school designee? YES NO

Date to Discontinue, Reevaluate or Follow Up: _____

Physician's printed name

Physician's Signature Date Signed

Physician's Emergency Phone Number Physician's Address

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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 Rantoul Township High 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 employee and agents of District #193), lawfully prescribed medication in the manner described above. **I acknowledge that it may be necessary for the administration of medication to my child to be performed by an individual other than a school and specifically consent to such practices**, and I agree to indemnify and hold harmless Rantoul Township High School and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration of the child's self-administration of medication.

Parent/Guardian printed name

Phone: _____ Emergency Phone: _____

Parent/Guardian signature

Date

Additional Information:

PERMISSION GRANTED FOR THIS REQUEST BY: _____
ADMINISTRATOR