Uni

University of Illinois Laboratory High School 2020-2021 Registration

SCHOOL MEDICATION AUTHORIZATION

Note: Please complete and return this form only if your student needs to take any medication during the school day. This includes any over-the-counter medication. Use a separate form for each medication needed.

Prescription medications must be in their original containers labeled with the child's or youth's first and last name, the date the prescription was filled, the name of the licensed physician or licensed nurse practitioner who wrote the prescription, the expiration date of the medication, and specific and legible instructions for administration and storage of the medication. Administer the medication according to the instructions. **Non-Prescription** medications can be given by permission and direction from the parent, guardian or legal custodian based on general advice received from the child's or youth's physician. Administer nonprescription medication from the original container labeled with the first and last name of the child or youth and according to the instructions on the label. A record of administration must be kept.

Student's Name: _____ Birth Date: _____

Address: _____ _____ _____ _____
Street City State Zip

Parent Name(s)_____

Parent Daytime Contact Phone Number(s) _____

Name of Medication: _____

☐ Prescription ☐ Non-Prescription

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

Reason for medication _____

I confirm 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 University High School and its employees and agents, in my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of University High 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 school nurse, and specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medications is so administered or attempted to be administered, I waive any claims I might have against the Board of Trustees of the University of Illinois and University High School, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the Board of Trustees of the University of Illinois and University High School, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medications. I understand that this agreement is in effect for the school year when granted.

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Further, University High School and the Board of Trustees of the University of Illinois, along with its employees and agents, incur no liability (except for willful and wanton conduct) as a result of any injury arising from the pupil's self-administration of medication. The parents or guardians of the pupil must sign a statement wherein they acknowledge that the school has no liability (except for willful and wanton conduct) as a result of the self-medication. The parents or guardians must also indemnify and hold harmless the Board of Trustees of the University of Illinois and University High School, along with its agents and employees, against any and all claims arising from the pupil's self-administration of medication (except a claim based upon willful and wanton conduct).

The permission for self-administration is effective for the school year when granted. This permission allows the pupil to possess and use his or her medication (i) while in school, (ii) while at a school sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal school activities, such as while in before-school or after-school care on school-operated property.

Parent(s)/Guardian(s) signature: _____ Date _____

Parent(s)/Guardian(s) name (please print) _____

Office Use Only:

Date	**Time**	**Staff Initials**	**Date**	**Time**	**Staff Initials**	**Date**	**Time**	**Staff Initials**