

GENOA-KINGSTON COMMUNITY UNIT SCHOOL DISTRICT #424

980 PARK AVENUE
GENOA, ILLINOIS 60135
PHONE (815) 784-6222 FAX (815) 784-6059

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

SCHOOL YEAR: _____ SCHOOL: _____ GRADE: _____

Student: Last Name First Middle DOB

School medications are administered following these guidelines:

- Physician must sign and date authorization to administer medication.
- Parent/guardian must sign and date authorization to administer medication.
- Medication must be in the original, labeled container as dispensed from the pharmacy.
- The label must contain the name of the student, medication, direction for use and date.
- Only medications approved by the FDA will be administered at school.
- Controlled medication i.e.: Ritalin, Adderall, Concerta must be transported to school by an adult.
- Annual review of authorization is mandatory and all medication changes must be in writing.

Physician Authorization

Medication Dosage Time of Administration

Diagnosis or intended effect of medication Side effects, if any

Other medication (s) student is taking

Physician Signature Date

Physician Emergency Phone Discontinue Date

Parent/Guardian Authorization

I herewith acknowledge that I am primarily responsible for administering medication to my child. However, in the event I am unable to do so or in the event of a medical emergency, I hereby authorize Genoa-Kingston CUSD #424, its employees and agents, on my behalf and stead, to administer, or attempt to administer to my child (or allow my child to self-administer, while under the supervision of 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 medication 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, I waive any claims I might have against the School District, 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 of said medication.

Parent/Guardian Signature Date

Address Home Phone

Cell Work Phone