SCHOOL MEDICATION PERMISSION

STUDENT'S NAME:_____BIRTHDATE:_____

ADDRESS:_____PHONE NUMBER:_____

SCHOOL:_____GRADE:_____TEACHER:_____

In case of emergency, please contact: _____
Name

_____ _____
(Telephone number) (Relationship)

I hereby request authorized personnel from the above-named school to administer the medication described below to my child. Unless the box below is checked, I do not need to be notified when my child is given this medication.

☐ Yes, please notify me by email every time this medication is given to my child.

Parent's Signature:_____ Date:_____

To be completed by the Physician or Parent:

Name of Medication	Dosage	Time	Side Effects-Toxicity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Further Instructional Remarks: _____

_____

Is medication necessary to maintain child at school?_____

_____ _____ _____
Physician's Signature Telephone Number Date

IMPORTANT INFORMATION:

1. Medication is to be brought to the school in its original pharmaceutical container, clearly marked with the child's name, the name of the medication and pertinent instructions.
2. The parent or physician ***must report immediately in writing*** any change in prescription or dosage.
3. When medications are prepared by a parent or guardian, dosage becomes their responsibility.

SELF-MEDICATION PERMISSION

TRINITY LUTHERAN SCHOOL
ROSELLE, ILLINOIS

Student: _____

Medication: _____ Dose: _____ Frequency of Use: _____

If your child needs to carry and self-administer medication, this form needs to be submitted before Trinity Lutheran School can allow it.

State law requires that we inform the parents or guardians of the student, in writing, that the school district or nonpublic school and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the student.

The permission for self-administration of medication is effective for the school year for which it is granted and shall be renewed each subsequent school year upon fulfillment of the requirements outlined above. A student with asthma may possess and use his/her medication while in school, at a school-sponsored activity, while under the supervision of school personnel, or before or after normal school activities, such as while in before-school or after-school care on school-operated property. We recommend that you provide an additional dose of the medication to be kept at school in the event that your child forgets or loses his/her medication.

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I, _____, parent or guardian of _____, acknowledge that Trinity Lutheran School and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the above named student. I indemnify and hold harmless the school and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by the student. I will notify the school of changes in medication.

Signed _____

Date _____