



*World-Class Schools Serving Caring Communities*

Oswego Community Unit School District No. 308

School Medication Authorization Form

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

To be completed by the student's physician or parent/guardian:

Name of Medication \_\_\_\_\_

(Must be in original container)

Dosage \_\_\_\_\_ Time \_\_\_\_\_

Type of Illness or Disease \_\_\_\_\_

Is it mandatory that this medication be administered during the school day in order to allow the child to attend school? \_\_\_\_\_

Side effects to be alerted to \_\_\_\_\_

\_\_\_\_\_  
Doctor's signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Further Instruction Remarks \_\_\_\_\_

I hereby confirm my primary responsibility to administer medication to my child. However, in the event that I am unable to do so, I hereby authorize Oswego School District and its employees and agents, in my behalf and stead, to administer to my child (or to allow my child to self-administer, which under the supervision of the 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 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 medication is so administered or attempted to be administered, I waive any claims that I might have against the School District, its employees and agents, arising out of the administration of said medication. IN addition, agree to hold harmless and indemnify the School District, its employees an agents, either jointly or severally, from and against an and all claims, damages, causes of auction or injuries incurred or resulting from the administration or attempts at administration of said medicine.

\_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### Helpful Hints

1. Please send only the pills or liquid medication the student will be required to take at school in the original container. It would be advisable to obtain an extra bottle from the pharmacy when the prescription is obtained to keep at home with the remainder of the medication.
2. Please put your child's name on any over-the-counter medication.
3. The parent/guardian will be responsible at the end of the treatment period or at the end of the year to pick up the student's medication or it will be discarded.

720.14

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### Students

#### STUDENT WELFARE – Administering Medicines to Students

Parent(s) or guardian(s) have the primary responsibility for administering medication to their children. Administering medication during school hours or during school-related activities is discouraged unless it is necessary for the critical health and well-being of the student. Teachers and other non-administrative school employees, except certified school nurses, shall not be required to administer medication to students. Parent(s) or guardian(s) may authorize their child to self-administer a medication according to the District's procedures for student self-administration of medication.

Nothing in this policy shall prohibit any school employee from providing emergency assistance to students, including administering medication.

The Building Principal shall distribute to each student's parent(s)/guardian(s) the District's policy, policy guidelines and forms on administering medicine to students within fifteen (15) days after the beginning of each school year, or within fifteen (15) days after starting classes for a student who transfers into the District.

LEG. REF.: III. Rev Stat ch. 122 para. 10-20-14b  
III. Rev Stat ch. 122 para. 10-22-21b

Adopted February 10, 1992