Rhodes School - MEDICATION AUTHORIZATION FORM

- Student: _____ Date of Birth: _____
- Parent/Guardian: _____
- Diagnosis requiring medication: _____
- Name of medication: _____
- Route of administration: ☐ Oral ☐ MDI ☐ Injection ☐ Other: _____
- Instructions (Times and dosage to be given at school): _____

_____

- **START:** ☐ Date from received ☐ Other: _____ **STOP:** ☐ End of school year ☐ Other: _____
- Intended effects of medication: _____
- Side effects of medication for which the student must be observed: _____
- Student may carry his/her medication. Yes No _____ (reason)
- Medication may be taken under the supervision of school personnel other than the Registered Nurse? ☐ Yes ☐ No

Health Provider Stamp

Physician's Signature: _____

Physician's Printed Name: _____

Address: _____

Telephone: _____ Date: _____

PARENTAL REQUEST FOR DISPENSING MEDICATION AT SCHOOL

- I confirm that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so in the event of a medical emergency, I hereby authorize Rhodes School and its employees and agents, in my behalf and stead, to admini
- ster 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 District 84.5), 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 the 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 I might have against Rhodes School, and its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify District 84.5, its employees and agents, either jointly or severally, from any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.
- I agree to provide the medication in an appropriately-labeled pharmacy container.

Signature of Parent/Guardian: _____ Date of Signature: _____