



MORRIS COMMUNITY HIGH SCHOOL DISTRICT #101

1000 Union Street
Morris, Illinois 60450

District Office (815) 941.5327
Fax (815) 941.5407
High School Office (815) 942.1294

PERMISSION FOR ADMINISTRATION OF MEDICATION

STUDENT'S NAME: Last: _____ First: _____ Initial: _____

Date of Birth: _____ Student's Grade Level: _____

Name Of Drug And Dosage: _____

Time It Is To Be Given: _____

Reason for Medication: _____

Expected Side Effects, if any: _____

Name Of Prescribing Physician: _____ Phone: _____

Name of Pharmacy: _____ Phone: _____

PHYSICIAN'S SIGNATURE: _____ Date: _____

*Medication should be brought to the school in a container appropriately labeled by the pharmacy or physician or in the original container if it is an over-the-counter medication. The medication-container label must list:

- Name of Student
- Name of Drug
- Dosage
- Time to be given
- Reason for use

PARENTAL AUTHORIZATION:

I herewith acknowledge 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 Morris Community High School and its employees and agents on my behalf and stead, to administer or to attempt to administer to my child (or allow my child to self-administer, while under the supervision of the employees and agents of Morris Community 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 medication is so administered or attempted to be administered, I waive any claims I might have against Morris Community High School, its employees and agents arising out of the administration of said medication. In addition I agree to hold harmless and indemnify Morris Community 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 medication.

Parent's Signature

Home Phone

Date

Business Phone

Additional Information

