

Urbana School District #116
1101 E. University Avenue, Suite B, Urbana IL 61802
217-384-3600

- USD#116 MEDICATION AUTHORIZATION / RELEASE FORM -

To be completed by Parent/Guardian:

Students Name _____ Birth Date _____
Address _____ School _____
Teacher _____ Grade _____ Home Ph # _____
MEDICATION _____ Emergency Ph # _____

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 Urbana School District #116 and its employees and agents, in my behalf and stead, to administer to my child (or to allow my child to self administer, while under the supervision of the employees and agents of the School District), lawfully prescribed prescription and non-prescription medication in the manner prescribed by our physician/healthcare provider. 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 the School District, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the School District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries, including reasonable attorney's fees and costs expended in defense thereof, incurred or resulting from the administration or attempts at administration of said medication. *I understand that my child is responsible for going to the office or other designated place at the appropriate time for the medication administration.*

Parent Signature: _____ Date: _____

TO BE COMPLETED BY THE STUDENT'S Physician/Healthcare Provider

Medication _____ Dosage _____
Time to be administered _____ Side Effects _____
Effective Date: From: _____ To: _____
Additional Notes: _____

I hereby confirm the schedule for medication administration described above makes it impossible to provide the required dose outside of school hours.

Printed Name of Physician/Healthcare Provider Signature Date

Physician/Healthcare Providers address Phone Number Fax Number

NOTE: MEDICATION MUST BE IN CORRECTLY LABELED CONTAINERS & FOLLOW AGE RECOMMENDATIONS

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The School District will limit its dispensation of medication to cases where failure to take prescribed medication could jeopardize the students' health and/or education and where it is not possible for a parent to administer the medication and the medication cannot be prescribed in doses scheduled for before and after school hours.

Parent help and consideration is essential for the safety of children who must receive medication while at school.

1. All medications, including non-prescription drugs, given at school shall be prescribed by a physician. A School Medication Authorization Form must be carefully completed each school year. The physician **MUST** sign the form and a parent/guardian **MUST** sign the form.
2. A SEPARATE form is required for each medication.
3. Students are not allowed to carry any medication on their person. EXCEPTIONS will be made for students requiring Asthma medication and/or Epinephrine Auto-Injector providing the appropriate documentation from the physician and parent/guardian is completed and received by the school district.
4. Any change in medication dosage or administration **MUST** have written authorization from the prescriber.
5. Prescription medication **MUST** be sent in the original container with: students name, name of medication, dosage, schedule of administration, expiration date, prescribers name.
6. Non-Prescription medication **MUST** be sent in the original container and **MUST** be age appropriate for the student taking them. A Medication Authorization Form **MUST** be completed for non-prescription medications.
7. **NO MEDICATIONS WILL BE GIVEN AT SCHOOL UNLESS THE ABOVE GUIDELINES ARE MET**
8. All prescription and non prescription medications **MUST** be taken to the school office by the parent/guardian where it will be kept in a locked space. EXCEPTIONS will be made for Asthma medication and/or Epinephrine Auto-Injectors (see #3 above).
9. **Please talk with your physician about scheduling medications to avoid school hours whenever possible. Prescription medications which are to be taken 3 times a day normally do not need to be given at school.*
10. It is the parent/guardian's responsibility to pick up all unused medications before the last day of school. Any medication left at school will be disposed of properly by the nurse. We cannot send medication home with students (unless it is an authorized Self-Carry medication).
11. *Please take into consideration if your child will be attending a summer school program and may still need medication while at school, in which case the medication can be left at school at the end of the school year. Please work with your Building Nurse on how the medication will be administered during the summer school program.*