



YORKVILLE CHRISTIAN SCHOOL

STUDENT MEDICATION AUTHORIZATION FORM

To be completed by the child's parent or guardian. A new form must be completed every school year, and will be kept in the main office.

Student's Name: _____ Birth Date: _____

Address: _____

Phone: _____ Emergency Name & Phone: _____

Grade: _____ Homeroom Teacher: _____

Prescription Medication - Medication must be provided in original prescription bottle.

Physician's printed name: _____

Office Address: _____

Office Phone: _____ Emergency Phone: _____

Medication Name: _____

Purpose: _____

Dosage: _____ Frequency: _____

Time medication is to be administered or under what circumstances:

Prescription date: _____ Order date: _____ Discontinuation date: _____

Is it necessary for this medication to be administered during the school day? Yes or No

Expected side effects, if any: _____

Over the Counter Medication

Over-the-counter medication must be in an unopened bottle/package, and dosage and administration instructions must be specified on this form. A staff member will notify the student's parent/guardian when a medication supply is low.

Medication Name: _____

Purpose: _____

Dosage: _____ Frequency: _____

YCS has a supply of over-the-counter medication. Students must have written permission from a parent/guardian prior to YCS dispensing the medication. Please circle the approved medication:

Tylenol

Advil

Benadryl

For only parents/guardians of students who need to carry asthma medication or an Epi-pen.

I authorize the school and its employees and agents to allow my child or ward to possess and use his or her asthma medication and or epinephrine auto-injector: while in school, while at a school sponsored activity, while under the supervision of school personnel, or before or after school activities, such as while on school property. Illinois law requires the school to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication or epinephrine auto-injector. (105 ILCS 5/22-30).

If you agree, please initial _____

For all parents/ guardians:

By signing below, I agree 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 Yorkville Christian School and its employees and agents, on my behalf, to administer or attempt 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) lawfully prescribed medication in the manner described above. I acknowledge that it may become 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, and

I agree to indemnify and to hold harmless Yorkville Christian School and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or out of the child's self-administration of medication.

Parent / Guardian Printed Name

Parent / Guardian Printed Name

Parent / Guardian Signature & Date

Parent / Guardian Signature & Date