

Mulberry Grove Community Unit District No. 1
801 W. Wall Street
Mulberry Grove, IL 62262

Unit Office	(618) 326-8812	Elementary School	(618) 326-8811	Jr/Sr High School	(618) 326-8221
Fax	(618) 326-8482	Fax	(618) 326-8482	Fax	(618) 326-7504

School Medication Authorization Form
2019-2020 school year

Prescription medication
Medication order, signed by the physician
Parent/Guardian authorization
Must be in the original pharmacy bottle
with student's name, medication name,
dosage and frequency on label

Non-Prescription (over the counter) Medications
Medication order, signed by the physician
Parent/Guardian authorization
Must be in original manufacturer bottle displaying
medication name and administration instructions

MEDICATION ORDER

Students Name: _____

Grade: _____ Date of Birth: _____ Teacher: _____

Medication & dosage: _____

Time to be given at school: _____

Start Date: _____ End Date: _____

Reason/diagnosis: _____

Physician Name: _____

Physician Phone: _____

Physician Signature: _____ Date: _____

For students who will self-carry their epi-pen or asthma inhaler:

I authorize the school district and their employees and agents, to allow my child or ward to possess and use his or her asthma medication and/or epinephrine auto-injector: (1) while in school. (2) while at a school sponsored activity. (3) while under the supervision of school personnel. (4) before or after normal school activities, for example while in before-school or after-school care on school property. Illinois law requires the Mulberry Grove CUSD #1 to inform parent(s)/guardian(s) that is and its employees or agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising for a student's self administration of any medication or epinephrine auto-injector. (105 ILCS 5/22-30) ***If you agree, please initial here:*** _____

For all medications:

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 the Mulberry Grove CUSD #1, its employees and agents, in my behalf, to administer or attempt to administer to my child (or to allow my child to self-administer 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 someone other than the school nurse to administer this medication and specifically consent to such practices** and

I agree to indemnify and hold harmless the Mulberry Grove CUSD #1 and its employees and agents, against any claims, except a claim based on willful and wanton conduct, arising out of the administration or child's self-administration of medication.

Parent/Guardian Printed Name

Parent/Guardian Printed Name

Parent/Guardian Signature*

Parent/Guardian Signature

*Both parents should sign if available