

**Elgin Academy**  
**School Medication Authorization Form**

---

*To be completed by the child's parent(s)/guardian(s). A new form must be completed every school year. Medical form is required for all OTC and Rx medicine. Physician must fill in form for all non-prescription, over-the-counter (OTC) medications and for prescription medications. All medicine must be provided in a pharmacy or brand labeled bottle with student name, dose, and time. Unused medication must be picked up; any left at the end of the year will be discarded. Please see "Procedures and Guidelines Governing the Administration of Medications in the School" for more information,*

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

---

**Physician's Order**

(All medications need a Physician's Order)

Physician's Printed Name: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
Medication name: \_\_\_\_\_  
Diagnosis/Purpose of Medication: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Time to be given/instructions: \_\_\_\_\_  
Procedure if dosage is missed: \_\_\_\_\_  
Possible side-effects: \_\_\_\_\_  
Other medications student is receiving: \_\_\_\_\_

*FOR ASTHMA OR ALLERGY MEDICATION ONLY—e.g., Inhaler & EpiPen*

May the student carry medication on his/her person (non-diabetes)? \_\_\_\_\_ YES \_\_\_\_\_ NO  
May the student self-administer medication (non-diabetes)? \_\_\_\_\_ YES \_\_\_\_\_ NO  
May Elgin Academy use undesignated epinephrine auto-injectors on this student in cases of emergencies?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

---

**Parental Authorization**

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 Elgin Academy and its employees and agents, in my behalf, to administer or to attempt to administer to my child (or allow my child to self-administer pursuant to state-law, while under the supervision of the employees and agents of Elgin Academy), lawfully prescribed medication in the manner described above. I agree to indemnify and hold harmless Elgin Academy, its employees, and agents from any claim, liability, loss or expense, including reasonable attorneys' fees, suffered by any of the foregoing indemnities and arising out of a claim related directly or indirectly to my child's self-administration of the above referenced medication of and brought by me, any other parent or guardian of my student or another student, or by or on behalf of my student or another student. We understand that Elgin Academy and the foregoing individuals are to incur no liability as a result of any injury arising from the administration of medication, provided, however, this indemnity and hold harmless commitment does not apply to the willful and wanton conduct of the foregoing indemnities. If my child has diabetes I must submit to the school a Diabetes Care Plan prepared by my child's healthcare professional and reviewed and approved by Elgin Academy in accordance with 105 ILCS 145/1 et seq.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Address (if different from Student's above): \_\_\_\_\_  
Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
Email: \_\_\_\_\_