



# St. Raymond School

300 S. Elmhurst Avenue, Mt. Prospect, IL 60056

847-253-8555

www.st-raymondschool.org

**Faith • Academic Excellence • Service**

## MEDICAL AUTHORIZATION FORM

\_\_\_\_\_  
*Student's Name (Last, First, Middle)*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Grade*

\_\_\_\_\_  
*Teacher*

Medications may be administered in school in accordance with the School Medication Procedures. No medication may be administered in school unless both the student's physician and parent/guardian have completed, signed and returned the following to the School Nurse:

- Medical Authorization Form
- Medication is in the original labeled container as dispensed (prescription medication) or the manufacturer's labeled container (non-prescription medication). The medication label shall contain the student's name, name of the medication, directions for use and date.

### PARENT/GUARDIAN PERMISSION AND AUTHORIZATION

I authorize the School Nurse or her designee to administer to my child lawfully prescribed medication and non-prescribed medication in the manner described in the Physician's Order (reverse side). I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual who does not have medical training, and I specifically consent to such practices.

I further acknowledge and agree that, when such medication is to be administered, I waive any claims I might have against the School, the Catholic Bishop of Chicago, the parish, or any of their employees or agents arising out of the administration or attempted administration. In addition, I agree to hold harmless and indemnify the School, the Catholic Bishop of Chicago, the parish, and their employees or 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 attempted administration of said medication.

\_\_\_\_\_  
*Parent/Guardian's Name (Please Print)*

\_\_\_\_\_  
*Parent/Guardian's Name (Signature)*

\_\_\_\_\_  
*Date*