

**Authorization and Permission for Administration of Medication**

\_\_\_\_\_  
Student's Name (Last) (First) (Middle)      Birthdate      School      Date

School medications and health care services are administered following these guidelines:

*Physician/Prescriber signed dated authorization to administer the medication.*

*Parent signed, dated authorization to administer the medication.*

*The medication is in the original labeled container as dispensed or the manufacturer's labeled container.*

*The medication label contains the student name, name of the medication, directions for use and date.*

*Annual renewal of authorization and immediate notification, in writing, of changes.*

**Physician/Prescriber Authorization:**

\_\_\_\_\_  
Medication/Health Care Treatment      Dosage      Time to be administered

\_\_\_\_\_  
Intended effect of this medication      Expected side effects, if any

\_\_\_\_\_  
Other medications student is taking

\_\_\_\_\_

Administration instructions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Discontinue/Re-Evaluate/Follow-up Date (circle one)

\_\_\_\_\_  
Physician/Prescriber's Signature      Date signed

\_\_\_\_\_  
Physician/Prescriber's Emergency Phone #      Physician/Prescriber's Address

\_\_\_\_\_

**Parental Authorization:**

I herewith acknowledge 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 Chicago Futabakai Japanese School and its employees and agents, on my behalf and in my stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of Chicago Futabakai Japanese School), lawfully prescribed medication in the manner described on the Authorization and Permission for Administration of Medication form.

I acknowledge that it will be 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. 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 Chicago Futabakai Japanese School, its employees and agents, arising out of the administration of said medication. In addition I agree to hold harmless and indemnify Chicago Futabakai Japanese School, its employees and 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 attempts at administration of said medication.

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Parent's Signature

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Home Phone

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Parent's Address

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Business Phone

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Date

Additional Information

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