

Batavia Public Schools #101
School Medication Authorization Form

STUDENT'S NAME: BIRTH DATE

ADDRESS:

SCHOOL GRADE TEACHER (K-5 only)

Medication (ONE PER FORM) Dosage Route

Time/Interval to be given:

Diagnosis requiring medication:

Intended effect(s) Adverse effect(s)

Start Date Discontinue Date

Signature of Licensed Prescriber Date of Signature/order

Print (or stamp) Name and Address of Prescriber:

Three blank lines for prescriber name and address.

Attach a copy of the inhaler prescription label for self carry only inhalers. Parent signature is required for self carry

Office Phone: FAX

INHALER AND EPIPEN SELF ADMINISTRATION: I certify that
has been instructed and has demonstrated proper use and self-administration of medication. S/he may carry this medication at school.
Parents agree to follow district guidelines for self-administration of inhaler/epipen.

Physician's Signature Date

We acknowledge that the School District and its employees and agents incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication or use of an epinephrine auto-injector by our student. We further agree to indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct on the part of School District employees and agents, arising out of the self-administration of medication or use of an epinephrine auto-injector by our student.

We understand that it is our obligation to replace medication that has expired and to renew this authorization each school year. We also understand and agree that we will pick-up any unused medication at the end of the school term, and that any unused medication remaining at the school fourteen (14) days after the last day of the school term will be discarded by the school.

Parent/Guardian Signature

PARENT/GUARDIAN

I give permission to Batavia School District #101 to administer/supervise the medication described in accordance with the School District Regulations Governing the Administration of Medications in schools.

Parent /Guardian Signature

Date

Day Phone

Cell phone (s)

Approved: March 9, 2011