

To be updated by parent/guardian/physician annually

MEDICATION AUTHORIZATION AND WAIVER FORM

St. Emily School, Mount Prospect, Illinois

_____ Name of Medication	_____ Dosage	_____ number of times per day (max)	
_____ Student's Name (Last, First, Middle)	_____ Date of Birth	_____ Grade	_____ Date

Medications (both prescription and non-prescription) may be administered in school (including school trips) only 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 this entire form to the School and provided the medication 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, direction for use and date. Prior to enrollment, or as soon as the condition is diagnosed, parents of any student diagnosed with Asthma, Diabetes, or Food Allergies, must coordinate with the school and your student's physician to provide a completed Asthma Action Plan, Diabetes Care Plan, and/or Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, as applicable.

I hereby 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, or if the medication must be administered during the school day or during a school trip, I hereby authorize the School Principal or his/her designee, on my behalf, to administer (or to allow my child to self-administer in accordance with School Medication Procedures), medication in the manner described in the Physician's Order {Side 2}. 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 understand that by signing this document, I, on behalf of myself and my child, am waiving and releasing any and all claims for injury that my child might sustain as a result of the administration of medication in school property or under the supervision of school personnel.

I understand that this authorization is not effective unless the School Principal or his/her designee has reviewed and signed this form.

In consideration for agreeing to administer, or oversee the administration of, my child's medication, I, on behalf of myself and my child, heirs, executors, agents and assigns, hereby agree to waive, relinquish, release, indemnify, hold harmless, and covenant not to sue the Catholic Bishop of Chicago, an Illinois corporation sole, St. Emily School, and their administrators, employees, agents, representatives, volunteers, insurers, assigns and successors ("Indemnitees"), from and against any and all claims, charges, demands, suits, and causes of actions, whether known or unknown, past, present or future, including, but not limited to, any and all costs, expenses, and attorneys' fees, by reason of any injury, illness, death, and damage or loss to person or property, or any other harm to myself or to any person or property, whether caused by negligence or for any other reason, arising out of, in connection with, or in any manner related to the administration of medication.

I INTEND BY MY SIGNATURE TO PROVIDE A COMPLETE AND UNCONDITIONAL WAIVER OF CLAIMS AND RELEASE OF LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I HAVE CAREFULLY READ THIS AUTHORIZATION AND WAIVER FORM, FULLY UNDERSTAND ITS CONTENTS, AND SIGN THIS AGREEMENT FREELY AND VOLUNTARILY.

Parent/Guardian's Signature (PRINT)

Parent/Guardian's Signature (PRINT)

Address

City, State, Zip Code

Home Phone Business Phone

Cell Phone

Parent/Guardian (SIGNATURE)

Parent/Guardian (SIGNATURE)

Address

City, State, Zip Code

Home Phone Business Phone

Cell Phone

Medication Authorization approved or denied and signed this _____ day of _____, 20_____,

By _____ on behalf of St. Emily School, Mount Prospect, Illinois

Signature of Principal / designee

Archdiocese of Chicago Office of Catholic Schools
Handbook for School Administrators

January 2022
MEDICATION AUTHORIZATION FORM