



Medication Authorization Form (Prescription and Over-the-Counter Medications)

Any medication that needs to be taken at Frances Xavier Warde School must be supplied in the original manufacturer's container. A completed Medication Authorization Form must be signed by the physician and uploaded onto Magnus Health. A parent signature is required on the Parent/Guardian Permission form (available as an Electronically Signed Document on Magnus). Please have your physician check the appropriate box below in order for your child to carry /self-administer allergy, asthma, or diabetic medications. Students MAY NOT carry any other medication except EpiPen's, inhalers, glucagon and insulin.

All medications are dispensed at the Nurse's Office and will be kept at school until the last day of the school year. Any medication that remains after that time will be disposed of by the school.

Student's Name: _____

Grade: _____

Allergies: _____

Physician's Orders:

Medication _____ Route _____

Dosage _____ Time/Frequency of administration _____

Prescribing start date _____ End date _____

Reason for medication _____

Medication _____ Route _____

Dosage _____ Time/Frequency of administration _____

Prescribing start date _____ End date _____

Reason for medication _____

Over-the-counter medications:

Medication _____ Route _____

Dosage _____ Time/Frequency of administration _____

Reason for medication _____

Medication _____ Route _____

Dosage _____ Time/Frequency of administration _____

Reason for medication _____

Medication _____ Route _____

Dosage _____ Time/Frequency of administration _____

Reason for medication _____

Allergy, Asthma, and Diabetic medications (e.g. EpiPen, inhaler, insulin):

Student may carry medication: Yes No

Student may self-administer: Yes No

Physician Signature (and printed name or stamp)

_____ **Date** _____ **Phone#** _____



PARENT/GUARDIAN PERMISSION AND AUTHORIZATION

THE FRANCES XAVIER WARDE SCHOOL, CHICAGO, ILLINOIS

Student's name (Last Name, First Name, Middle Initial)	Date of Birth	Grade
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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, I hereby authorize the School Principal or his/her designee, on my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer in accordance with School Medication Procedures), lawfully prescribed medication and non-prescribed medication in the manner described in the Physician's Order or Non-Prescription Authorization Form. 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 authorize The Frances Xavier Warde School to disclose necessary health information related to medication and/or food allergy or asthma management plan to my child's teachers and staff (in accordance with federal laws including HIPPA and FERPA concerning privacy of such information). The purpose of the disclosure of health information is to promote safety of child with medical condition.

I understand that this authorization is not effective unless the School Nurse has approved the medication authorization for my child.

I further acknowledge and agree that, when such medication is to be administered or attempted to be administered, I waive any claims I might have against The Frances Xavier Warde School or any of its employees or agents arising out of the administration or attempted administration. In addition, I agree to hold harmless and indemnify The Frances Xavier Warde School and its 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 signature _____ Date _____ Phone# _____