To be updated by parent annually, for use at Saint Clement School only Date:

Medication Authorization for over the counter medications 2023/2024

Student Last Name-

Student First Name-

Student DOB and grade level-

Parent/Guardian Permission and Authorization

Over the counter medications may be distributed at school in accordance with the School Medication Procedures. I (parent/guardian) acknowledge that I am primarily responsible for administering medications at home. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the School Nurse or his/her designee, on my behalf, to administer to my child (or allow my child to self administer in accordance with School Medication Procedures) lawfully non-prescribed medication as needed. I acknowledge that it may be necessary for an individual who does not have medical training to administer over the counter medications to my child.

I further acknowledge and agree that when such medication is to be administered or attempted to be administered, I waive any and all claims I may have against Saint Clement 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 printed first and last name-

Parent/Guardian signature-

Phone number-

Home address-

To be updated by parent/guardian/physician annually, 2023-24 school year

Physician Order

Student full name and grade-

Medication name and dosage-

Time (s) to be administered-

Administration instructions-

Expected side effects, if any-

Other medications student is taking while not at school-

May student self administer medication under supervision of school personnel that may not have medical training? Please circle one answer: Yes or No

I also request that this student be allowed to self carry and self administer above medication during school hours and during school related activities. Please circle one answer: Yes or No

Prescriber's signature-

Prescriber's Name (printed)-

Emergency phone number-

Principal signature on behalf of Saint Clement School, Chicago Illinois-