

ELMWOOD PARK CUSD 401
SELF ADMINISTRATION OF MEDICATION BY STUDENT

Parents are required to inform the school in writing that their child will be self administering his/her medication.

The medication will remain in the possession of the student at all times.

The child will be responsible for taking the medication at the prescribed time.

STUDENT'S NAME _____

GRADE _____ **TEACHER** _____

TELEPHONE _____

NAME OF EMERGENCY PERSON _____

EMERGENCY TELEPHONE NUMBER _____

MEDICATION NAME _____

DOSE _____ **TIME** _____

REASON FOR MEDICATION _____

SPECIAL INSTRUCTIONS OR SIDE EFFECTS _____

I, _____, parent/guardian of _____, hereby authorize Elmwood Park Community Unit School District 401 and its employees and agents, on my behalf and stead, to allow my child to self administer, while under the supervision of the employees and agents of the District, lawfully prescribed medication in the manner described on the attached physician's order. I further acknowledge and agree that, when the lawfully prescribed medication is so administered, I waive any claims I might have against the District, its employees and agents arising out of the administration of said medication. In addition, I agree to indemnify and hold harmless the District, its employees and agents, whether jointly or severally, from and against any and all claims, damages, causes of action or injuries, including reasonable attorney's fees and costs expended in defense thereof, incurred or resulting from the administration of said medication.

Parent/Guardian Signature

Date