To be updated by parent/guardian/physician annually

MEDICATION AUTHORIZATION FORM

Medications may be administered in school in accordance with the School Medication Properties of the student's physician and parent have completed, signed, and returned this entire form to the School and the Medication in the labeled container as dispensed (prescription medication) or the manufacturer's labeled contain prescription medication). The medication label shall contain the student's name, name medication, direction for use and date. **Parent/Guardian Permission and Authorization** I hereby acknowledge that I am primarily responsible for administering medication to not however, in the event that I am unable to do so or in the event of a medical emergency, authorize the School Principal or his/her designee, on my behalf, to administer or to administer to my child (or to allow my child to self-administer in accordance with School Medication, administer to my child (or to allow my child to self-administer in accordance with School Medication, lawfully prescribed medication and non-prescribed medication in the manner of in the Physician's Order (Reverse side). I acknowledge that it may be necessary administration of medications to my child to be performed by an individual who does not medical training, and I specifically consent to such practices. I understand that this authorization is not effective unless the School Principal or his/her design approved the medication authorization for my child and signed this form in the space provided administered, I waive any claims I might have against the School, the Catholic Bishop of Chic parish, or any of their employees or agents arising out of the administration or at administration. In addition, I agree to hold harmless and indemnify the School, the Catholic Bichicago, the parish, and their employees or agents, either jointly or severally, from and again and all claims, damages, causes of action or injuries incurred or resulting from the administration of said medication. Parent/Guardian (PRINT) Parent/Guardian (PRINT) Parent/Guardian (SIGNATURE) Address		SCHOOL,		, ILLINOIS
No medication may be administered in school unless both the student's physician and parent have completed, signed, and returned this entire form to the School and the Medication in the labeled container as dispensed (prescription medication) or the manufacturer's labeled contain prescription medication). The medication label shall contain the student's name, name medication, direction for use and date. **Parent/Guardian Permission and Authorization** I hereby acknowledge that I am primarily responsible for administering medication to a However, in the event that I am unable to do so or in the event of a medical emergency, authorize the School Principal or his/her designee, on my behalf, to administer or to at administer to my child (or to allow my child to self-administer in accordance with School Mc Procedures), lawfully prescribed medication and non-prescribed medication in the manner of in the Physician's Order {Reverse side}. I acknowledge that it may be necessary administration of medications to my child to be performed by an individual who does a medical training, and I specifically consent to such practices. I understand that this authorization is not effective unless the School Principal or his/her design approved the medication authorization for my child and signed this form in the space provided administrated, I waive any claims I might have against the School, the Catholic Bishop of Chic parish, or any of their employees or agents arising out of the administration or at administration. In addition, I agree to hold harmless and indemnify the School, the Catholic Bishop of Chic parish, or any of their employees or agents arising out of the administration or at administration of said medication. Parent/Guardian (PRINT) Parent/Guardian (PRINT) Parent/Guardian (PRINT) Parent/Guardian (PRINT) Parent/Guardian (SIGNATURE) Address Address	Student Name (Last, First, Middle)	Date of Birth	Grade	Date
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Parent/Guardian (SIGNATURE) Address Address	parish, or any of their employees of administration. In addition, I agree to he Chicago, the parish, and their employee and all claims, damages, causes of action	t have against the School, or agents arising out of old harmless and indemnify es or agents, either jointly on or injuries incurred or r	the Catholic Bishop the administration the School, the Cat or severally from	of Chicago, the n or attempted tholic Bishop of
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