



SACRED HEART SCHOOL

RELIGION ♥ ACADEMICS ♥ ATHLETICS

SELF-ADMINISTERED MEDICATION AUTHORIZATION FOR STUDENT

Student Name:

Birth Date:

Address:

Student is
in Grade:

Parent/Guardian
Name:

Phone:

It is required that the medication is brought to school in its original container or in an appropriately labeled container with the child's name clearly affixed to it. Parents need to bring the medication to the school office. This form will become part of your child's health record.

The undersigned releases and holds harmless, **Sacred Heart School** (322 W Maple St, Lombard, IL 60148) and its employees from all claims that may arise as a result of action or inaction resulting from the request herein made. It is understood that the parent or guardian accepts full responsibility for the giving of medication. Medication, properly labeled, shall be placed in the hands of the School. Label must include: dosage, frequency, manner of application and Doctor's name. I hereby grant permission for the above named child to self-administer the medication described below.

Parent/Guardian Signature

Date

TO BE COMPLETED BY PHYSICIAN:

Name of medication, dosage & time(s) of Administration along with any instructions for administration:

Prescription Date:

Date to Terminate Self-
Administering:

Type of Disease or Illness & Purpose of this Medication:

Is this Medication necessary to maintain this child in school?

Possible Side Effects:

Is this child on other
medication?:

NO

YES

If yes, please specify:

Physician's Signature

Date

Office Use Only: The above medication was received and accepted for self-administering.

School personnel signature

Date