2019-2020 Parental Authorization
For the Administration of Medication

_____ _____ _____
Student's Name Birth Date Class

_____
Medication Allergies

I, the parent/guardian of _____, a student at Waltonville CUSD #1, hereby acknowledge that I am primarily responsible for administering medication to my child. However, during school hours when I am unable to administer or in the event of an emergency, I hereby authorize Waltonville CUSD #1 and its employees, on my behalf, to administer or attempt to administer to my child (or allow my child to self-administer, while under the supervision of the employees and agents of the school district), the following named non-prescription medication following manufacturer's guidelines or prescription medication as ordered by physician.

Please check which medications may be administered.

____ Ibuprofen (Motrin) 200mg

____ Acetaminophen (Tylenol) 325mg

____ Naproxen Sodium (Aleve) 220mg

____ Antacids (Tums or Rolaids)

____ Benadryl Cream

____ Triple Antibiotic Ointment

____ Burn Gel (Lidocaine HCL 2.0%)

____ Cough Drops

____ Prescription Medications as ordered by Physician _____

I acknowledge that medication will be administered by or under the supervision of the school nurse, parent or administrative staff, and specifically consent to such practices. I further acknowledge and agree that, when the medication is so administered to attempted to be administered, I waive any claims I might have against the School District, Its employees and School Board/ Administration, for and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

I have read, understand and agree to the regulations concerning administration of medication at school. I agree to the release of health information between the school and physician.

_____ _____
Parent/Guardian Signature Home Phone

_____ _____
Parent/Guardian Address Business/Emergency Phone

_____ _____
Name of Physician Physician Phone

_____
Date