SCHOOL MEDICATION AUTHORIZATION FORM

STUDENT NAME: _____

ADDRESS: _____

TELEPHONE: _____

BIRTHDATE: _____

SCHOOL: _____

GRADE: _____

EMERGENCY TELEPHONE NUMBER: _____

I, _____, parent/guardian of _____

hereby authorize Hoover-Schrum School District No. 157, and its employees and agents, in my behalf and stead, 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, lawfully prescribed medication in the manner described below. I further acknowledge and agree that, when the lawfully prescribed medication is so administered, I waive any claims I might have against the School District, its employees and agents, arising out of the administration of said medication. In addition, I agree to indemnify and hold harmless the School District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries, including reasonable attorney's fees and cost expended in defenses thereof, incurred or resulting from the administration of said medication.

_____ _____

Parent/Guardian Signature Date

TO BE COMPLETED BY THE STUDENT'S PHYSICIAN

NAME OF MEDICATION: _____

DOSAGE: _____ TIME: _____

DURATION OF ADMINISTRATION: _____

TYPE OF DISEASE OR ILLNESS: _____

(OVER)

MUST THIS MEDICATION BE ADMINISTERED DURING THE SCHOOL DAY IN ORDER TO ALLOW THE CHILD TO ATTEND SCHOOL?

_____YES _____NO

ARE THERE ANY SIDE EFFECTS TO THE MEDICATION? _____YES _____NO

IF YES, PLEASE SPECIFY: _____

_____

_____ _____

DOCTOR'S NAME (PRINT) DOCTOR'S SIGNATURE

_____ _____

ADDRESS PHONE NUMBER

CONSENT FORM FOR EMERGENCY TREATMENT OF INSECT STINGS AND BITES

I, _____, physician of _____,

this _____day of _____, 20_____, hereby acknowledge that he/she is allergic to insect bites. The administration of epinephrine to _____is necessary after he/she has been stung or bitten to prevent a life threatening situation.

_____

Doctor's Name (Print)

_____

Doctor's Signature

_____

Address

_____

Phone Number

_____

Date

Further Instructional Remarks: _____

_____

_____

_____

_____