



Oak Park Elementary School District 97

260 Madison ▪ Oak Park ▪ Illinois ▪ 60302 ▪ ph: 708.524.3000 ▪ www.op97.org

MEDICATION AUTHORIZATION FORM

~Medication Authorization Form is required for all over-the-counter (OTC) and prescription medications.

~Physician must complete form for all prescription and OTC medications (this includes vitamins/supplements, cough drops, Tylenol and/or Motrin, etc.)

~All medications must be brought to the health office by the parent/guardian in the original pharmacy prescription labeled container or a sealed as purchased over-the counter container.

~Expired medications cannot be given at school.

~Unused medications must be picked up; any left at the end of the year will be discarded.

~Physician orders and parental authorization expire at the end of each school year. Orders must be renewed AT THE BEGINNING OF EACH SCHOOL YEAR for all prescription or over-the-counter medications.

Physician's Order (All medications need a Physician's Order)

Student Name: _____ Date of Birth: _____

Medication _____ Dosage _____

Time to be given/Instructions _____ Route _____ Starting Date _____

Diagnosis requiring medication _____

Possible side-effects _____

Other Medications student is receiving _____

ASTHMA OR ALLERGY MEDICATION ONLY—Inhaler and/or EpiPen ONLY
(requires physician, school nurse approval, AND completion of our D97 Self-Carry and Self-Administration Form)

1. Student may carry medication on his/her person Yes No Physician Initials: _____

2. Student may self-administer medication Yes No Physician Initials: _____
(It is recommended that "backup" medication be stored in health services as well.)

Directions for self-administration _____

Physician's Name (Print) _____

Address or Office Stamp

Physician's Signature _____

Date _____ Phone _____

Parental Authorization and Signature

I authorize Oak Park District 97 employees to administer/supervise the medication described above to my child in accordance with to the Illinois School Code, FDA rules and guidelines, and Oak Park Public Schools – District 97 policy and procedure. I agree to indemnify and hold harmless OP District 97 and any of its agents, employees, administrators, its Board of Education and the Board's members, officers, and volunteers from any claim, liability, loss or expense, including reasonable attorneys' fees, suffered by any of the foregoing indemnities and arising out of a claim related directly or indirectly to my child's self-administration of the above referenced medication of and brought by me, any other parent or guardian of my student or another student, or by or on behalf of my student or another student. I understand that the OP District 97 and the foregoing individuals are to incur no liability as a result of any injury arising from the self-administration of medication, provided, however, this indemnity and hold harmless commitment does not apply to the willful and wanton conduct of the foregoing indemnities. In addition, I agree to release, hold harmless and indemnify the district and its employees from any and all claims, damages, and causes of action or injury incurred or resulting from the administration or the attempts at administration of said medication(s). I allow the school Registered Nurse to discuss this medication and its effect on my child with the prescribing physician, Advanced Practice Registered Nurse, Physician Assistant, or their representative.

Parent/ Guardian Signature _____ Date: _____