



MOTHER MCAULEY

Liberal Arts High School

Health Office
773-881-6524

2018-2019

MEDICATION/INHALER/NEBULIZER AUTHORIZATION FORM

Please bring this form to the doctor's office when your daughter receives her physical. It must be signed by the physician so that Tylenol, Ibuprofen, etc. or prescription medication can be dispensed by the nurse.

Name: _____ Date: _____

Year of Graduation: _____

Medications to be given during school hours, if needed: _____

Dosage: _____

Time of Administration: _____

Diagnosis Requiring Medication: _____

Possible Side Effects: _____

Other Medications Student Is Receiving when not in school: _____

Physician's Signature: _____

Physician's Name Printed: _____

Physician's Phone Number: _____

PARENT/GUARDIAN AUTHORIZATION:

I hereby authorize the School Nurse at Mother McAuley High School to administer the above medication during school hours. I can be reached at the following phone number(s) in case there is a question or problem:

Parent/Guardian Authorization: _____ Date: _____

Home(_____)_____-_____
Work(_____)_____-_____
Cell(_____)_____-_____

Inhaler Policy Statement

2018-2019 School Year

Mother McAuley Liberal Arts High School has received your request for self-administration of _____, an asthma medication, for your child, _____.

State law requires that we inform the parents/guardians of the student, in writing, that Mother McAuley Liberal Arts High School and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the above named student. Before we can allow your child to self-administer the medication, we must ask that you sign and return this document.

The permission for self-administration of medication is effective for the school year for which it is granted and shall be renewed each subsequent school year upon fulfillment of the requirements outlined above. A student with asthma may possess and use her medication during school hours, at a school-sponsored activity (dance, game, etc.), or before or after normal school hours. We recommend that you provide an additional dose of the medication to be kept at school in the event that your child forgets or loses her medication.

Parent Permission Statement

I have read the above policy and acknowledge that Mother McAuley Liberal Arts High School and its employees and agents are to incur no liability and I indemnify and hold harmless Mother McAuley Liberal Arts High School and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by the above named student.

Signed: _____

Date: _____

Witness: _____