

# Carle Auditory Oral School/Carle Foundation Hospital Parental Authorization and Permission for Medication Administration

Student's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(Last) (First) Birth Date

Student attends the following days/times: \_\_\_\_\_

Medication is administered following these guidelines:

- Physician/prescriber signed, dated authorization to administer the medication.
- Parent/guardian signed, dated authorization to administer the medication.
- Medication is in the original labeled container as dispensed (or the manufacturer's labeled container).
- Medication label contains the student name, name of the medication, directions for use and date.

### PHYSICIAN AUTHORIZATION:

Medication:		Dosage:
Time to be administered:	Intended effect of this medication:	
Expected side effects, if any:	Administration instructions:	
Other medications student is taking:	Discontinue/reevaluate/follow-up date (circle one):	
Physician's Signature:		Date Signed:
Physician's Name:		Physician's Emergency Phone #:

### PARENT/GUARDIAN AUTHORIZATION AND PERMISSION FOR MEDICATION ADMINISTRATION

I herewith acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Carle Auditory Oral School and its employees and agents, on my behalf, to administer or attempt to administer to my child lawfully prescribed medication or over-the-counter medications that I have provided. These medications must be labeled appropriately as follows:

- Prescription medication is administered in accordance with the pharmacy label directions as prescribed by the child's healthcare provider. Instructions from the child's parent/guardian shall not conflict with the label directions as prescribed by the child's healthcare provider.
- Over-the-counter medications may be administered in accordance with the product label directions on the container with physician authorization. The instructions from the child's parent/guardian shall not conflict with the product label directions on the container.

I further acknowledge and agree that, when the lawfully prescribed medication is so administered, I waive any claims I might have against Carle Auditory Oral School or Carle Foundation Hospital or its agents and employees arising out of the administration of said medication.

Child's Name:	Date Signed:
Parent/Guardian Signature:	Contact Phone #: