

Community Unit School District #3
 300 South Cedar Bluff Drive
 Valmeyer IL 62295
 618-935-2100

Student Name _____ Birth date _____

Address _____

Home Phone _____ Emergency Phone _____

Name of Drug	Dosage	Frequency	Time to be given at school	Duration	Side effects

Signature of Physician _____

Printed Name of Physician _____

Address _____ City _____ State _____

Office Phone _____ Emergency Phone _____

I hereby acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or I hereby in the event if a medical emergency, I hereby authorize Valmeyer School District and its employees and agents, on my behalf and stead, to administer or to attempt to administer to my child or to allow my child to self-administer while under the supervision of an employee or agent of the school district, lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medication to my child to be performed by an individual on than a school nurse and I specifically consent to such practices. I further acknowledge and agree that when lawfully prescribed medication is so administered or attempted to be administered. I waive any claims that I might have against the School District, it employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the School Districts, it employees, and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration of said medication.

Parent/Guardian Printed Name _____

Signature _____ Date _____