

**Bloomington Public Schools/District #87
Medication Authorization Form**

School: _____

Name: _____
(Last, First, Middle Initial)

Date of Birth: _____
Gender: _____

Physician: _____

Address: _____

Telephone: _____

As the parent/guardian, I understand that it is the policy of the district that as a regular and normal practice, medication should not be administered to a student at school or when such student is involved in school activities. However, in order to provide for the critical health and well-being of students, under exceptional circumstances, medication may be administered during school hours by a certified school nurse, a registered nurse, administrative personnel, administrative designee, or self-administered by a student. I further release Bloomington Public Schools, its Board of Education, and individual members thereof, and its employees shall be indemnified and held harmless from any and all claims arising out of the administration of said medication.

Medication must be brought to the school in a container, labeled appropriately by the pharmacist or licensed prescriber.

I request that my child be assisted in taking the medications(s) described below at school by authorized persons or be permitted to medicate herself/himself as also authorized by me and my physician (see below). I further consent to the sharing of relevant medical information between the school and the physician's office.

Date	Parent/Guardian Signature	Home Phone	Emergency Phone
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*The following section **must** be completed by the **PHYSICIAN**.
All items must be completed before the school will approve the administration of medication.*

Medication:				
Purpose of Medication/Diagnosis:				
Form: (i.e. tab, injection, etc.)				
Dose:				
If medicine to be given "when needed." Describe indications:				
How soon can it be repeated?				
Is child authorized to medicate herself/himself?				
List significant side effects:				
Length of time this treatment is recommended:				
Must this medication be administered during the school day in order to allow the child to attend school or to address the student's medical condition that may arise at school?	<table style="width:100%; border: none;"> <tr> <td style="width:50%;"></td> <td style="width:25%; text-align: center;">Yes</td> <td style="width:25%; text-align: center;">No</td> </tr> </table>		Yes	No
	Yes	No		

Date	Physician's Signature Only	Physician's Telephone
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To be completed by the building Principal: Approved: _____ Not Approved: _____

Reason authorization not approved: _____

Principal's Signature	Date
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Date Medication Sent Home: _____

Date Medication Destroyed: _____ Nurse: _____ Witness: _____