

# MARIST HIGH SCHOOL MEDICATION AUTHORIZATION FORM

\_\_\_\_\_  
Student's Name (Last, First, M.I.)                      Date of Birth                      Grade                      Date

Medications may be administered in school in accordance with Illinois State Law Procedures. No medication may administered in school unless both the student's physician and parent/guardian have completed, signed and returned the following to the School Principal or his designee:

- X            Medical Authorization Form
  
- X            Medication in the original labeled container as dispensed (Prescription medication) or the manufacturer's labeled container (Non-prescription medication). The medication label shall contain the student's name, name of the medication, direction for use and date.
  
- X            Self-Administration Form (asthma and allergies only).

Marist High School requires that all students who need medication during school hours, including eye drops, over-the-counter, and even prn meds), be dispensed by the School Nurse. Per State Law, students should not have any form of medication (except inhalers for asthma or allergies -for self-administration of inhalers, in their possession at any time.

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### To be Completed by Physician (for prescription medicine) or by Parents (for non-prescription medication)

Name of medication \_\_\_\_\_  
Specific time(s) and dose(s) to be given at school \_\_\_\_\_  
Length of time \_\_\_\_\_  
Are there any restrictions?    \_\_\_\_\_ Yes    \_\_\_\_\_ No  
If yes, what and how long? \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Physician    Signature of Physician                      Date

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### To be Completed by Parent

I, \_\_\_\_\_, give permission for my child to receive the above medication as directed during the school year.

\_\_\_\_\_  
Parent/Guardian's Signature                      Date

**HEALTH FORM A  
(Return to Health Services)**