

Montessori School of Lemont
Parental Authorization Form
Student Self-Administration of Medication at School

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 Montessori School of Lemont (AKA Montessori Elementary School of Southwest Cook County) 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 the employees and agents of MSOL), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against MSOL, its employees and agents arising out of the administration of said medication. In addition I agree to hold harmless and indemnify the MSOL, its 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 or attempts at administration of said medication.

Parent/Guardian Signature

Home Phone

Parent/Guardian Address

Business Phone

Date

Student Name

Additional Information:

The permission for self-administration of medication by the student is effective for the academic year only. Provided that the requirements of MSOL's Medication Policy are fulfilled, the pupil may possess and use his/her medication, including self-administration:
a) While in school, b) While at school sponsored activities, c) While under the supervision of school personnel.

Administrator Signature

Date

- Student Self-Administration of Medication Authorization Form* Received (Date: _____ Admin Initials: _____)
- Parental Authorization Form* Received (Date: _____ Admin Initials: _____)
- Permission given to teachers* (Date: _____ Admin Initials: _____)