

**Acacia Academy**  
**6425 S. Willow Springs Rd.**  
**La Grange Highlands, IL 60525**  
**708-579-9040**

**2010-2011 School Medication Form**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency/Parent Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Email \_\_\_\_\_

**The Student's Licensed Provider Must Complete this Section (Doctor, Dentist, or other Medical Provider)**

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

**DOES THE STUDENT NEED THIS MEDICATION ADMINISTERED DURING THE SCHOOL DAY FOR HIS/HER CRITICAL HEALTH AND WELL-BEING? \_\_\_\_\_ YES \_\_\_\_\_ NO**

At what time during the school day should we administer the medication? \_\_\_\_\_

Do you authorize the student to self-administer this medication under adult supervision? \_\_\_\_\_ YES \_\_\_\_\_ NO

Does the medication require special storage? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, what \_\_\_\_\_

How do we administer the medication? \_\_\_\_\_

Date of Doctor's Order: \_\_\_\_\_ Diagnosis Requiring Medication: \_\_\_\_\_

Expected side effects, if any: \_\_\_\_\_

List any other medication the student receives: \_\_\_\_\_

\_\_\_\_\_  
(Physician's Name - Print)

\_\_\_\_\_  
(Physician's Phone)

\_\_\_\_\_  
(Physician's Signature)

**SEE REVERSE SIDE.**

**YOU MUST SIGN AND COMPLETE BOTH SIDES OF THIS FORM BEFORE WE WILL ADMINISTER MEDICATION AT SCHOOL.**

## School Medication Authorization Form 2010-2011

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

I, \_\_\_\_\_ parent or guardian of  
\_\_\_\_\_, hereby authorize Acacia Academy  
and its employees and agents, on my behalf, to administer, or my child to self administer,  
while under the observation of the employees or agents of Acacia Academy, lawfully  
prescribed medication listed on the *School Medication Form* or non-prescription  
medication as specified on the *Medical Release Form*.

I further acknowledge and agree that, when the employee or agent administers the  
medication, I waive any claims against Acacia Academy and its employees or agents arising  
out of the administration of said medication. In addition, I agree to indemnify and hold  
harmless Acacia Academy and its employees and agents, either jointly or severally, from  
and against all claims, damages, causes of action or injuries, including reasonable attorney's  
fees and costs expended in defense thereof, incurred or resulting from the administration of  
said medication.

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

**SEE REVERSE SIDE.**

**YOU MUST SIGN AND COMPLETE BOTH  
SIDES OF THIS FORM BEFORE WE WILL  
ADMINISTER MEDICATION AT SCHOOL**