



**Lincolnshire-Prairie View School District 103  
Administration Offices**

1370 RIVERWOODS ROAD • LINCOLNSHIRE, IL 60069  
847/295-4030 • FAX 847/295-9196  
<http://www.d103.org/>

**AUTHORIZATION TO ADMINISTER PRESCRIPTION AND/OR OVER THE COUNTER  
MEDICATION**

**MEDICATIONS CANNOT BE ADMINISTERED AT SCHOOL WITHOUT A LICENSED  
PRESCRIBER’S WRITTEN ORDER AND WRITTEN REQUEST FROM THE PARENT OR GUARDIAN**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Emergency Phone Number(s) \_\_\_\_\_

School \_\_\_\_\_ Teacher/Advisory \_\_\_\_\_ Grade \_\_\_\_\_

**Licensed Prescriber’s Authorization:**

1.) Name/type of medication \_\_\_\_\_

2.) Dosage/amount to be given \_\_\_\_\_

3.) Route of administration \_\_\_\_\_

4.) Frequency and time of administration \_\_\_\_\_

5.) Diagnosis \_\_\_\_\_

6.) Intended effect and anticipated reaction to medication \_\_\_\_\_

7.) Side Effects \_\_\_\_\_

8.) Other medication child is receiving \_\_\_\_\_

9.) Must this medication be administered during the school day in order to allow the student to attend school?

\_\_\_\_\_

\_\_\_\_\_  
Licensed Prescriber (PRINT) Address Phone Number

\_\_\_\_\_  
Licensed Prescriber (Signature) Date Signed

**Parent/Guardian’s Request/Approval**

I hereby request and grant permission for School District 103 personnel to dispense, assist and/or observe my child \_\_\_\_\_ in the administration of medication, according to the above instructions. In consideration of the school district’s agreement to administer medication to our child, we assume full responsibility for any harm, injuries or damages which may occur to our child as a result of the administration of said medication. We do hereby and forever agree to release, hold harmless, defend and indemnify the school district, its employees and agents from any and all claims, demands, damages, writ of action or causes of action, except for willful and wanton conduct, arising out of administration of said medication. I hereby acknowledge that the District and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of asthma medications, including epinephrine auto-injectors.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ 09/03/2013cmm