



Father McGivney Catholic High School Medication Authorization

Dear Parents or Guardians,

You may request and authorize Father McGivney Catholic High School to permit a student in your care and custody to self-administer medication prescribed by the student's physician. If this is allowed, you must understand that the school, the parishes of which they are a part, the employees and agents of the school, the Diocese of Springfield in Illinois and the Bishop of Springfield in Illinois are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the student.

In order to allow this school, in accord with the state statute, requires all of the following before it can give effect to your request and authorization.

1. A written authorization from the parents or guardians of the student.
2. A statement, contained in our authorization form, that the parents or guardians
 - a. Acknowledge that the school, the parishes of which they are a part, the employees and the agents of the school, the Diocese of Springfield in Illinois and the Bishop of Springfield in Illinois are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the student; and
 - b. Agree to indemnify and hold harmless the school, the parishes of which they are a part, the employees and the agents of the school, the Diocese of Springfield in Illinois and the Bishop of Springfield in Illinois
3. A written statement from the physician, physician's assistant, or advanced practice registered nurse must contain the following information:
 - a. The name of the student/patient;
 - b. The name and purpose of the medication;
 - c. The prescribed dosage; and
 - d. The time or times at which or the special circumstances under which the medication is to be administered.

This information will then be kept on file in the school office.

Parents and guardians also must understand that as a matter of our discipline policy that any abuse of this statutory right by a student and/or any endangerment of other students as a result of a student possessing this medicine may result in appropriate disciplinary action by the school.

If you have any questions about this, do not hesitate to contact me. If you wish to see a copy of the statute, please contact me.

Sincerely,

Mike Scholz
Principal



Father McGivney Catholic High School

Physician Request for Self-Administration of Medication

Name of Student: _____ Date: _____

City _____ Zip _____ Phone: _____

Principal: _____

School: Father McGivney Catholic High School

The above-named pupil has _____
(Name of disease or syndrome)

I am requesting that the above-named student take the following medication during school hours.

Name of Medication Type of Medication (tablet, liquid, capsule)

Dosage Time(s) to be given

Possible Side Affects

I certify that _____ has been instructed in the use and self-administration
(Name of Student)

of _____.
(Name of Medication)

He/she understands the need for the medication and the necessity to report to school personnel any unusual side effects.
He/she is capable of using this medication independently.

I may be reached at the following phone number in the event of a reaction to the medication or an emergency:

Phone Number of Physician Signature of Physician Date

Address of Physician Print Name of Physician

Phone Number of Parent Signature of Parent Date

Phone Number of Parent Signature of Parent Date