

**CARLE AUDITORY ORAL SCHOOL/CARLE FOUNDATION HOSPITAL
PARENTAL AUTHORIZATION AND PERMISSION FOR MEDICATION
ADMINISTRATION***

Complete this form now if your child has a current medication that will need to be administered while he/she is in attendance at school. Must be accompanied by physician form.

Complete this form in the future if your child will need to bring medication to school or to have medication administered at school.

It shall be the policy of Carle Auditory Oral School (CAOS) that the administration of medication to students during regular school hours should be discouraged unless necessary to maintain the student in school, or in the event of an emergency. When it is necessary for the above reasons to administer a medication, please read the following and provide your authorization for the proper dispensing of medications. Authorization is also required from the prescribing physician for any medication that is to be administered to your child.

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 Carle Auditory Oral School and its employees and agents, on my behalf, to administer or attempt to administer to my child lawfully prescribed medication or over-the-counter medications that I have provided. These medications must be labeled appropriately as follows:

- Prescription medication is administered in accordance with the pharmacy label directions as prescribed by the child’s health care provider. Instructions from the child’s parent/guardian shall not conflict with the label directions as prescribed by the child’s health care provider.
- Over the Counter medications may be administered in accordance with the product label directions on the container. The instructions from the child’s parent/guardian shall not conflict with the product label directions on the container.

I further acknowledge and agree that, when the lawfully prescribed medication is so administered, I waive any claims I might have against Carle Auditory Oral School or Carle Foundation Hospital or its agents and employees arising out of the administration of said medication.

Child’s Name

Date

Parent/Guardian Signature

Contact Number