Walsh Academy
6935 West Touhy Avenue, Niles, IL 60714
P: (847) 390-3020
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Medication Administration Authorization for Prescription Medications

(2024 – 2025)

Student Name **Birthdate**

The primary function of school is education. The administration of medication is not normally a function of education; however, some students are required by their physician to take prescription medication during the school day out of necessity for the critical health and well-being of the student.

This COMPLETED form, along with the student's prescription medication, are to be brought to the school nurse prior to any medication being administered at school. Please note that a separate form is required for each prescription medication the student is to receive at school. Prescription medication is to be in its original container or one properly labeled by the pharmacy. It should be labeled with:

- STUDENT'S NAME
- DRUG NAME, EXACT DOASGE AND ROUTE
- TIME MEDICATION IS TO BE GIVEN
- PRESCRIBING PHYSICIAN

Attending Physician Authorization

Prescription Medication	Exact Dosage/Route	Time to administer
Diagnosis	Possible Side Effects	
Physician Name (Print)	Street Address 1	Phone 1
Practice / Clinic Name	Street Address 2	Phone 2
Physician Signature / Date	City, State, Zip Code	Fax

I request the school nurse and/or school administrator supervise my student in taking his/her medication.

I hereby release Walsh Academy, its employees, agents and administration, from any and all liability in any way related to the administration of this prescription medication.

Parent / Guardian (Print Name) **Signature** **Date**

This consent is mandatory for student enrollment. Failure to fully complete and sign this consent will prevent the above named student from being enrolled at the Walsh Academy. This consent is valid until one (1) year after above date of parent/guardian signature.