



Medication Authorization Form
Evanston Township High School District 202

1600 Dodge Avenue • Evanston, Illinois 60201
(Please print clearly in black ink)

<i>For school use only:</i>	
Medication:	
Exp. Date:	

ETHS Health Service Office (N121)
Phone 847-424-7260 • Fax 847-424-7254

Dr. Michelle Wheeler, DNP, RN, CSN-PEL, CDE

PHYSICIAN/NP/PA ORDER

Student Information					
Student's Name:					Date of Birth: ____ / ____ / ____
Medication:		Dosage/Route		Time&Freq.	
Medication:		Dosage/Route		Time&Freq.	
Specific Instructions:					
Starting Date:		Ending Date:			
Diagnosis for this medication and intended effect:					
Is it necessary for this medication to be administered during the school day? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Possible side effects:					
Other medications prescribed for this student:					

Emergency Medication	
Emergency Medication: EpiPen® and Inhalers ONLY 911 will be called if EpiPen is administered or self-administered.	
MD/PA/NP must initial choice(s) below:	
<input type="checkbox"/>	Student may carry this medication on his/her person. (It is recommended that "back-up" medication be stored in the school health office.)
<input type="checkbox"/>	Student may self-administer medication. I have instructed the student on the administration of this medication and find that he/she is able to administer this medication independently.

Health Care Provider Information		
Health Care Provider Name: <i>(please print)</i>		Phone Number: ()
Address:		
Health Care Provider Signature:		Date: ____ / ____ / ____

Parent/Guardian Authorization / Autorización del Padre/Tutor		
<p>I, _____, parent/guardian of _____ hereby authorize Evanston Township High School District 202 and its employees and agents, to administer or to allow the self-administration of the lawfully prescribed medication described above. I further acknowledge and agree that, when lawfully prescribed medication taken according to the directions provided, I waive any claims I might have against the School District and staff arising out of the administration or self-administration of said medication. In addition, I agree to indemnify and hold harmless the School District, its employees and agents, from and against any and 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.</p> <p>____ / ____ / ____ _____ () _____ Date Parent/Legal Guardian (Signature) Daytime phone number</p> <p>Yo, _____, padre/tutor de _____ por el presente autorizo a la Escuela Preparatoria del Municipio de Evanston Distrito 202 y a sus empleados y agentes, administrar o permitir la auto-administración de la medicación legalmente prescrita descrita más arriba. Yo además reconozco y estoy de acuerdo que, cuando la medicina prescrita legalmente tomada con las indicaciones brindadas, yo exonero de cualquier reclamo que podría tener contra el Distrito Escolar y personal que surja de la administración o auto-administración de dicha medicación. Además, estoy de acuerdo en indemnizar y mantener indemne al Distrito Escolar, sus empleados y agentes, de y contra cualquier y todo reclamo, daños, causas de acción o lesiones, incluyendo costas de abogados y costos gastados en defensa incurridos o resultantes de la administración de dicho medicamento.</p> <p>____ / ____ / ____ _____ () _____ Fecha Padre o Tutor Legal (Firma) Número telefónico de día</p>		

PLEASE NOTE:
Over-the-counter medication **MUST BE** in the manufacturer's labeled container.
Prescription medication must be in container labeled by a MD/PA/NP or pharmacist.
Por favor tome nota:
La medicina sin prescripción **DEBE ESTAR** en el envase de fábrica con su etiqueta.
La medicina de prescripción debe estar en un envase etiquetado por un MD/PA/NP o farmacéutico.



Health Service, N121
(847) 424-7260
(847) 424-7254 Fax

EVANSTON TOWNSHIP HIGH SCHOOL
1600 Dodge Avenue
Evanston, Illinois 60201

Dear Parent/Guardian,

We want to make every effort to help your child be successful in school. If it is necessary that your student take medication regularly or as needed during school time, please sign the attached form and have it signed by your student's health care provider so the nurses in the ETHS Health Service Office can administer it.

The medication must be brought to Health Service, room N121, in a bottle labeled by the pharmacist along with this form filled out by your health care provider and signed by you. Long-term over-the-counter medications should be in the original container. All medications should be picked up at the end of the school year and orders renewed at the beginning of the new school year. We will dispose of any medication left when school closes in June.

**A provider's order is needed for students to carry and self-administer their own EpiPen®.
A parent or guardian signature and copy of the prescription label is required for students to carry and self-administer an emergency asthma inhaler.**

Thank you,

Dr. Michelle Wheeler, DNP, RN, CSN-PEL, CDE
ETHS Health Service

Estimado Padre/Tutor,

Queremos hacer todo el esfuerzo para ayudar a su hijo a ser exitoso en la escuela. Si es necesario que su estudiante tome medicación de manera regular o según lo necesite durante las horas de clases, por favor firme el formulario adjunto y hágalo firmar por el proveedor de salud de su estudiante para que las enfermeras en la Oficina del Servicio de Salud de ETHS puedan administrárselo.

La medicación debe ser traída al Servicio de Salud, salón N121, en una botella etiquetada por el farmacéutico junto con el formulario lleno por su proveedor de salud y firmado por usted. Los medicamentos sin prescripción de largo plazo deben estar en el recipiente original. Todas las medicinas deben ser recogidas al final del año escolar y las órdenes deben ser renovadas al comienzo del nuevo año escolar. Nosotros dispondremos de toda medicina sobrante cuando la escuela cierre en junio.

Se necesitará una orden del proveedor de salud para que los estudiantes pueden llevar consigo y auto-administrarse su propio EpiPen®.

Se requiere la firma del padre o tutor y una copia de la etiqueta de la prescripción para los estudiantes que portan y se auto-administran el inhalador para el asma.

Gracias,

Dr. Michelle Wheeler, DNP, RN, CSN-PEL, CDE
Servicio de Salud de ETHS