TRINITY – ST. JOHN LUTHERAN SCHOOL
680 W. WALNUT STREET
NASHVILLE, IL 62263
(618) 327- 8561 Email: trinitystjohn@gmail.com

2020-2021

OTC Authorization Form

My student ___________________, birth date ___________, has permission to receive

1 or 2 - 80 mg acetaminophen (Mapap)	yes	no
1 or 2 - 160 mg acetaminophen (Mapap Jr.)	yes	no
1 or 2 - 325 mg acetaminophen (Tylenol)	yes	no
Or		
1 or 2 - 200 mg ibuprofen (Advil/Motrin)	yes	no
Or		
1 to 3 - Antacid tablets (Tums; Pepto-Bismol for Children)	yes	no
Or		
Cough drops	yes	no

as needed at the medical discretion of the administration for complaints of pain, swelling, temperature greater than 100.0°, cough, nausea, indigestion, or heartburn.

T-SJ has my permission to contact the medical provider to verify this medication prescription.

_______________________________	___________	_____________
***Parent/guardian signature**	phone	date

_______________________________	___________	_____________
***Primary healthcare provider signature**	phone	date

This form must be signed in both places, completed and given to the school before the school will store or dispense any medication to your student

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2020-2021

Personal Supply Permission Form

My student __________________________________, birth date ____/_____/_____,
has a valid prescription for the use of:

________________________ to be used for _____________________________________
Medication symptoms /diagnosis

Directions for this medicine are:

____
(Amount of medicine at what time of day)

Re-evaluate the effects of this medication in ____________ minutes/hours

Other medications student takes:
____

This prescription was ordered by:

________________________________ ______________________.
Prescriber phone number

T-SJ has my permission to contact the medical provider or pharmacy to verify this medication prescription.

___________________________________ _____________ _____________________
Parent/guardian signature phone date

___________________________________ _____________ _____________________
Prescriber signature phone date

This form must be signed by the prescriber before medicine can be given at school

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Permission to carry inhaler or Epi-Pen at School

My student, ____________________________ DOB ___________, may carry and use the following medication as needed for symptoms as prescribed by our medical provider during the school day:

Medication: ____

Dosing instructions: ____

To be used for treatment of: ____

Re-evaluation instructions: ____

***Prescriber signature** and phone number: ________________________________

I authorize Trinity-St. John Lutheran School and its employees and agents to allow my student to possess and use the above emergency medication while in school, while at a school sponsored activity, while under the supervision of school personnel, or during before-school or after-school activities. Illinois law requires the School District to inform parents/guardians that it (the District) and its employees and agents, incur not liability, except for the willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication. (105 ILCS 5/22-30)

By signing below, I agree:

1. I am primarily responsible for the administration of 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 T-SJ and its employees and agents to allow my student to administer lawfully prescribed medication in the manner indicated by the ordering physician.
2. My student has been properly instructed in the use and self-administration of this medication.
3. It may be necessary for the administration of emergency medication to my student to be performed by an individual other than the school nurse, and specifically consent to such practices.
4. To indemnify and hold harmless the school district and its employees and agents against any claims, except in a claim based on willful and wanton conduct, arising out of the self-administration of medication by the student.

_________________________________ __________________ ______________
Parent/guardian signature phone number date