Phone: (630)907-5008
Fax: (630)907-5938

ILLINOIS MATHEMATICS AND SCIENCE ACADEMY
School Medication Authorization Form

Psychotherapeutic Prescription Medication Agreement

Student Name (print) _____ Birth Date _____

Class of _____

An important component of my child's care is the psychotherapeutic prescription medication(s).

To be completed by the student's physician:

Name of Medication (print)	Strength	Dosage	Frequency	Time

Diagnosis _____

Over-the counter medications that are contraindicated _____

Further instructions _____

Physician Name (print) _____

Address_____ Phone _____

Physician's Signature _____ Date _____

To be completed by parent:

I hearby confirm my primary responsibility to administer medication to my child. However, in the event that I am unable to do so, I hearby authorize Illinois Mathematics & Science Academy and its employees and agents, on my behalf and in my stead, to administer or attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the Academy), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse and specifically consent to such practice.

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I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims that I might have against the Academy, its employees and agents, arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the Academy, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

I have read, and I understand, this agreement. My questions have been answered to my satisfaction by IMSA Student Health Care Services Office personnel. I agree to abide by IMSA's policies regarding the administration of psychotherapeutic prescription medication to my child.

Parent/ Guardian Signature _____ Date _____

Printed Name _____

To be completed by student:

I understand that IMSA supports my physician's treatment goals for me: improvement of health, enhancement of well-being, and promotion of optimal functioning. I agree to obtain medication from the IMSA Student Health Care Services Office and take it as prescribed by my physician until I am released from treatment by my physician. I agree to communicate written orders from my physician to the health office staff regarding any change in medication, dosage, and timing. I acknowledge that failure to follow my physician's treatment recommendations may jeopardize my health and continued enrollment at the Academy.

I have read, and I understand, this agreement. My questions have been answered to my satisfaction by IMSA Student Health Care Services Office personnel. I agree to be responsible for taking care of myself appropriately.

Student Signature _____ Date _____

Print Name _____

Helpful Hints

1. Please give new medication or refills of the medication to a Resident Counselor (RC) and they will turn it in to the Health Office by 11:00 am the next day.
2. When a prescription is refilled please reserve a sufficient quantity at home to cover the expected time at home before the next refill. It would be advisable to obtain an extra bottle from the pharmacy when the prescription is obtained to keep at home with the remainder of the medication.
3. It would be helpful if you obtained 3 additional labeled bottles from the pharmacy when the prescription is filled for use at IMSA on the weekends (they will do this at no charge). This would only apply at the beginning of the year or with any prescription dosage change.
4. If your student is going home and you need a supply of medication:
   a. Contact the Health Office 48 hours prior to leaving campus at 630-907-5008 or nurse@imsa.edu
   b. Parent/Guardian can pick up the medication from the health office before 3:30 pm
   c. Parent/Guardian can pick up the medication from the RC Office of your student's residence hall after 4:30 pm
5. The parent/guardian will be responsible at the end of the treatment period, or at the end of the year, to pick up the student's medication or it will be discarded.

Revised 3/10/2015