Governors State UNIVERSITY
An Illinois Public University

MVP
MINORS AND VULNERABLE POPULATIONS

MEDICAL ADMINISTRATION AUTHORIZATION

For ALL prescriptions and Over the Counter Medications

ALL INFORMATION MUST BE PROVIDED!

Child's Name: _____ Date of Birth: _____

Today's Date: _____ Name of Medication: _____

Dosage: _____ Frequency: _____

Route: _____ Reason for Medication: _____

Time(s) to be given at center: _____ (If PRN, list symptoms for use): _____

Possible side effects to be reported: _____

Special handling/storage instructions: _____

Refrigeration ☐ Yes ☐ No

Signiture of License Prescriber (or Primary Physician): _____

Printed Name: _____ Phone Number: _____

Address: _____

Prescription medications must come in a container labeled with: the child's name, name of medication, frequency, dosage, route, and date medicine to be stopped, expiration date of the medication, licensed prescriber's name and phone number, pharmacy name and phone number. Samples must be accompanied by a doctor's written prescription. A separate authorization is required for each medication and each episode of illness.

Non-prescription medications (over the counter or OTC) must be in the original container, and labeled with the child's name on the container.

IT IS THE RESPONSIBLITY OF THE PARENT/GUARDIAN TO FURNISH ALL MEDICATIONS.
NO MEDICATION WILL BE GIVEN WITHOUT THIS COMPLETED FORM.

TO BE COMPLETED BY PARENT/GUARDIAN:

I understand and acknowledge that I am primarily responsible for administering medication to my child. However, I hereby authorize the Governors State University and its employees and agents, on my behalf and stead, to administer or attempt to administer to my child the above medication in the manner described above. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against Governors State University, their employees and their agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify Governors State University, their employees and their agents, either jointly or severally, from and against any and all claims, damages, causes of actions or injuries incurred or resulting from the administration or attempts at administration of said medication.

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Phone Number: _____