

DIXON PUBLIC SCHOOLS

Student's Name _____ Birth Date _____

Address _____ Home Phone _____ Emergency Phone _____

_____ **REAGAN MIDDLE SCHOOL**

_____ **DIXON HIGH SCHOOL**

I consent for my child to be given **Tylenol** at school. YES NO

I consent for my child to be given **Ibuprofen** at school. YES NO

PLEASE CHECK ONE: Yes, health concerns are listed below.
 No specific health concerns.
 May be shared with appropriate staff.

Health concerns you would like us to be aware of (allergies, asthma, health restrictions, etc.)

Parent/Guardian

Date _____

I, _____, confirm that I am primarily responsible for administering 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 Dixon Public Schools, in my behalf, to allow the below listed student to self medicate himself/herself at school with the below listed medication according to package directions, if you prefer a dosage other than directed on package please fill out dosage below. I waive any claims that I might have against Dixon Public Schools arising out of the self-administration of the said medication. In addition, I agree to hold harmless and indemnify Dixon Public Schools and its employees, either jointly or severally, from and against any and all claims, damages, causes of action, or injuries incurred or resulting from the self-administration or attempts at self-administration of said medication.

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

Name of Medication: _____ **Dosages** (if other than directed on package) _____

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR MINOR

I (we) consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, medical treatment or hospital care, to be rendered to the minor child under the general or special supervision and on the advise of any physician or surgeon licensed to practice in the state of Illinois when need for such treatment is immediate. This will be used only when reasonable efforts to contact me (us) or the emergency contact Person(s) are unsuccessful.

Date: _____ Signature of Parent/Guardian: _____