



Student(s) Last Name(s) _____

Medication Authorization Over the Counter (OTC) & Prescription Medication

School Health Policy as stated in the Handbook: "All medications, including non-prescription drugs, given in school shall be prescribed by a licensed prescriber on an individual basis as determined by the student's health status. This excludes standing orders."

Only medications that are medically necessary during school hours for a student's attendance should be sent to school. School personnel are not responsible for any ill effects that might occur from medications.

Parent/guardian must sign a written request. The medication must be in the original container and properly labeled with student's first and last name. This is an Illinois state requirement.

NOTE: The first dose of any medication for a current condition/illness **MAY NOT** be given at school.

Name of Student: _____ D.O.B. _____

Grade: _____ Homeroom Teacher: _____

Name of Medication: _____

Dosage amount: _____

Time to be given at school: _____

Reason or health problem: _____

Dates medication to be given: From _____ To _____

How medication is administered: _____
 (Example: by mouth, by inhaler, with food or after meals, etc.)

When was first dose of this medication given? _____

All of the following information MUST be completed:

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Physician Printed Name: _____

Physician Signature: _____

Physician Phone Number: _____

Office Use:

Date Reviewed: _____

Result: Staff may administer may not administer

 Print Name /Credentials

 Signature /Credentials