

COMMUNITY CONSOLIDATED SCHOOL DISTRICT 146
SCHOOL MEDICATION AUTHORIZATION FORM

It is the policy of School District 146 that the administration of medication to students during regular school hours and school-related activities is the responsibility of the parent and should be discouraged unless absolutely necessary for the critical health and well-being of the student.

All medication required for these reasons will be administered by the parent. If you are unable to administer medication during school hours, the following information must be completed before your child may receive any medication, including over-the-medication. Completed forms must be returned to the health office before any medication can be administered.

TO BE COMPLETED BY THE PARENT

I hereby request the administration of medication, under doctor's orders, to my child during school hours. I am not able to administer medication during school hours for the following reasons:

Child's name _____ Phone Number _____

Medication _____ Time to be Given _____

Parent's Cell/Business Number _____ Date _____

Physician's Name _____ Physician's Phone _____

Physician's Address _____ Physician's Fax _____

Parent's Signature _____

TO BE COMPLETED BY THE PHYSICIAN

Diagnosis _____ Medication _____

Dosage _____ Time Interval _____

Route of Administration _____ Date _____

Possible Side Effects _____

Physician printed name and signature _____

Please check if applicable: _____ Student may carry and self-administer asthma rescue medication.
 _____ Student may carry and self-administer epinephrine auto-injector.

Medication must be in its original container labeled by the pharmacist, clearly marked with the child's name, prescription number, description of medication and dosage. Community Consolidated School District 146 and its employees will not be responsible for injury or illness of above named student resulting from administration of medication prescribed above.