

PERMIT TO GIVE MEDICATION IN SCHOOL

In order to comply with the guidelines recommended by the Illinois Department of Public Health, the Illinois State Board of Education, and the Illinois Association of School Nurses for administering medication in school, we need the following information from the licensed prescriber and a written request from the parent/guardian requesting the medication be given during school hours. The intent of these guidelines is to reduce the number of medications given in school, yet assure safe administration for those children who require them.

A written order for prescription and non-prescription medications must be obtained from the child's licensed prescriber. (Orders should be renewed annually for long-term medications and any changes should be reported in writing) The order includes:

Student's Name _____ Date of Birth _____
Licensed Prescriber _____
Prescriber's Phone No. _____ Emergency No. _____
Name of Medication _____
 Dosage _____
 Route of administration _____
 Frequency of administration _____
Date of prescription _____ Date of order _____
Discontinuation Date _____ Diagnosis _____
Intended effect of Medication _____
Other medication child is receiving _____
Time interval for re-evaluation _____
Possible adverse effects of this medication _____

(Physician's Signature)

TO PARENT OR GUARDIAN:

Please sign below to request the above medication be dispensed at school. Medication must be brought to school in a container appropriately labeled by the pharmacy or physician, and non-prescription medication ordered by the physician shall be brought with the manufacturer's original label and the child's name affixed to the container. Only those medications which are necessary to maintain the child in school or must be given during school hours shall be dispensed. If you have any questions, please call the school office.

Date _____
_____ (Signature of Parent or Guardian)

Phone No. _____ Emergency Phone No. _____