

Harrison School District #36
6809 McCullom Lake Road
Wonder Lake, IL 60097
Phone 815-653-2311/Fax 815-653-1712

REQUEST TO ADMINISTER MEDICATION IN SCHOOL

It is our policy that (Rx.) prescription and (OTC) over the counter medication should be administered in the home when at all possible. However, under certain conditions, it is in the best interest of the child to take prescribed or OTC medication during school time. In these cases, the doctor must direct that prescription or OTC medication is to be given during school hours. The request below **MUST** be on file in the school HEALTH OFFICE with both the doctor and the parent signatures directing the administration of the medication. The medicine must be brought to school by an adult in the original container that includes all prescription or OTC information. The parent must assume the responsibility for informing the school (in writing) of any change in the child's health or change in medication. The prescribed or OTC medication will be kept in the Health Office and the student is responsible for coming to take the medication.

The following form must be completed by the attending physician.

STUDENT _____ PARENT/GUARDIAN _____

ADDRESS _____

MEDICATION _____ DOSAGE _____

TIME OF ADMINISTRATION AT SCHOOL: _____

SIDE EFFECTS _____

DATE TO BE GIVEN FROM _____ TO _____

REASON FOR MEDICATION _____

SIGNED _____ PHONE _____ DATE _____

(Physicians Signature)

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I hereby state that the information above is accurate, and consent to the administration of this medication by the school district personnel, as directed above.

Parent/Guardian Signature

Phone Number

Date