

COMMUNITY CONSOLIDATED SCHOOL DISTRICT 146
SCHOOL MEDICATION AUTHORIZATION FORM

Dear Parent/Guardian:

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-counter medication. Completed forms must be returned to the health office before any medication can be administered.

Sincerely,



Dr. Princy Abraham
Director of Special Services

***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 Phone _____	Date _____
Physician's Name _____	Physician's Phone _____
Physician's Address _____	Physician's Fax _____
	Parent Signature _____

***TO BE COMPLETED BY THE PHYSICIAN**

Diagnosis _____	Medication _____	
Dosage _____	Time Interval _____	Route of Administration _____
Possible Side Effects _____		
Date _____	Physician Signature _____	

Please check of applicable: Student may carry and self-administer asthma rescue medication.
 Student may carry and self-administer epinephrine autoinjector.

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 District 146 and its employees will not be responsible for injury or illness of above named student resulting from administration of medication prescribed above.
