

Children are not allowed to carry any medications (prescription or over-the-counter) at any time.

\* Medication can be given at school only after a request for the administration of medicine form is completed by both a licensed physician, dentist or other person legally authorized to prescribe medication, as well as a parent or guardian. All medications must be brought to school by a parent or guardian. Prescription medications must be in the original pharmacy labeled container. Over-the-counter medications must be in their original unopened container with the child's name clearly labeled and the safety seal intact.

\* In keeping with the Illinois School Code, students with asthma who require unobstructed access to their asthma medications can carry their own inhaler and students at risk of anaphylaxis who require unobstructed access to their epinephrine auto-injector (epi-pen) providing specific criteria are met and the proper paper work is completed and is on file in the school health office. Please contact the nurse, Kris Brand, R.N., B.S.N. at 847-870-3882 for assistance with this or any other questions or problems you may have.

REQUEST FOR THE ADMINISTRATION OF MEDICINE

**MEDICATIONS CANNOT BE ADMINISTERED AT SCHOOL WITHOUT A DOCTOR'S WRITTEN ORDER AND A WRITTEN REQUEST FROM THE PARENT OR GUARDIAN**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

**Part I – Physician's Statement**

- 1.) Name/type of medication \_\_\_\_\_
- 2.) Dosage/amount to be given \_\_\_\_\_
- 3.) Route of administration \_\_\_\_\_
- 4.) Frequency and time of administration \_\_\_\_\_
- 5.) Diagnosis \_\_\_\_\_
- 6.) Intended effect and anticipated reaction to medication \_\_\_\_\_
- 7.) Side Effects \_\_\_\_\_
- 8.) Other medication child is receiving \_\_\_\_\_
- 9.) Other requirements \_\_\_\_\_
- 10.) Must this medication be administered during the school day in order to allow the student to attend school?  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone No.

**Part II – Parent's Request/Approval**

I hereby request and grant permission for School District 23 personnel to dispense medication to my daughter/son \_\_\_\_\_, according to the above instructions. I further waive any claims against the School District, members of the Board of Education, its employees, and agents arising out of the administration of said medication and agree to hold harmless and indemnify the School District, the members of the Board of Education, its employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs, and expenses, including attorney's fees, resulting from or arising out of the administration of medication.

Signed \_\_\_\_\_ Phone No. \_\_\_\_\_ Date \_\_\_\_\_  
8/02