Freeburg Community Consolidated School District #70
408 South Belleville Street
Freeburg, IL 62243
618-539-3188 or 618-539-6008 (fax)

Medication Authorization Form

According to regulations put into place by the Health Department for the State of Illinois, all students must have the following form completed and on file in the office prior to receiving **ANY** medications at school. This is a State Law, and exceptions cannot be made.

REQUIRMENTS FOR DISPENSATION OF MEDICINE AT SCHOOL.

All medications **including non-prescription drugs** (i.e., Tylenol, Motrin, cough medication, etc.) will not be administered during school hours unless it has been prescribed by your child's physician **and** this form has been completed. If the prescription is changed, a new form for parent consent and a new physician's order must be completed before the school staff can administer the new medication.

Medication must be brought to school in the original pharmacy box with your child's name attached. If you have any questions regarding this policy please consult the school administration or nurse.

I request that my child,_____D.O.B._____be given the following medication during school hours as prescribed by his/her physician.

_____ _____
Parent/guardian signature Contact number

TO BE COMPLETED BY PHYSICIAN

Medication Name:_____ Dosage and route:_____

Frequency and time to be administered: _____

Diagnosis:_____ Possible side effects:_____

Time Interval for re-evaluation: _____

Other medications child is receiving:_____

Is this child approved to carry emergency medication (inhaler/epi-pen) on their person at school:
YES:_____NO:_____

Is this child approved to self-administer their medication at school: YES:_____NO:_____

May medication be given by non-medical school personnel (teacher, office staff) if school nurse is unavailable:
YES:_____ NO:_____

_____ _____ _____

Doctor's Signature Date Doctor's Name and Phone Number