

Freeburg Community Consolidated School

District No. 70

408 SOUTH BELLEVILLE STREET – FREEBURG, IL 62243
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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: _____

This student is approved to carry emergency medication (inhaler/Epi-Pen) on their person at school: YES: _____ NO: _____

I certify that this student has been instructed on the use and self-administration of their emergency medication (inhaler/Epi-Pen) and is capable of using this medication independently: YES: _____ NO: _____

Is this child approved to self-administer their medication (non-emergency 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 Telephone number

“Reaching, teaching every child, every day.”