



Adlai E. Stevenson High School
Permission Form to Administer Medication
 (PRESCRIPTION AND/OR OVER-THE-COUNTER)

STUDENT'S NAME: _____ ID #: _____ DATE OF BIRTH: _____

MEDICATION WILL NOT BE ADMINISTERED UNTIL A LICENSED PROVIDER AND PARENT/GUARDIAN COMPLETES AND SIGNS THIS FORM.

STEP 1: TO BE COMPLETED BY LICENSED PRESCRIBER

Medications (prescription/over-the-counter), which are necessary during the school day, will be administered during school hours. I hereby authorize the nursing personnel of Stevenson High School District 125 to act on my behalf in administering the following medication(s) during school hours.

Name of Medication _____

Reason for Medication _____

Possible Side Effects _____

Dosage Prescribed _____

Time of Administration _____

FOR ASTHMA, ALLERGY OR DIABETIC MEDICATION ONLY (Inhalers, Epi-Pen, Insulin)

1. Student may carry medication on his/her person YES No
2. Student may self-administer medication YES No
3. Directions for self-administration _____

Note: We recommend that "back-up" medication be stored in the Nurse's office as well.

LICENSED PRESCRIBER'S INFORMATION

Printed Name: _____

Address: _____

Phone: _____ **Fax:** _____

X _____
Signature **Date**

STEP 2: TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my child/ward _____, to receive the above medication as prescribed. I understand that my signature on this form constitutes a waiver by me to the school staff member administering or supervising administration of this medicine for liability for untoward reactions when the medicine is administered in accordance with the licensed prescriber's instructions. I also understand that my signature on this form denotes permission for the nursing personnel and the licensed prescriber to confer regarding the administration/monitoring of this medication.

Please note: Medication must be brought to school by the parent. It is your child's/ward's responsibility to present himself/herself to the office at the appropriate time for medication.

Medication prescribed and/or over-the-counter cannot be given unless the licensed prescriber completes this form in its entirety and is signed by the parent/guardian.

X _____
Parent/Guardian Signature **Daytime Phone Number** **Date**





Adlai E. Stevenson High School

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(847) 415-4000 • <http://d125.org>

Guidelines for Administration of Medication

If it is determined that medication must be given to a student at school, the procedure below will be followed:

- Medications, prescription or over the counter, will be administered by a school nurse. Students are **not allowed** to carry medications, with the following exceptions;
 - Students with Asthma may carry an inhaler.
 - Students with IDDM may carry their insulin and supplies.
 - Students with severe allergies may carry an Epi-Pen.
- Permission Form to Administer Medication must be completely filled out and signed by the student's Parent or Guardian and Licensed Prescriber, and on file in the Nurse's office. Permission to administer over the counter medication will be in place until graduation. Permission to administer prescription medication must be renewed annually.
- Prescription medication must be brought to the Nurse's office by a parent or guardian in the original container.
- Some over the counter medications are stocked by SHS Nurse's office. These include generic Advil, Tylenol, Excedrin, Midol, Benadryl and Sudafed.
- SHS nurses will dispose any medications that are not picked up at the end of the school year.

Please feel free to contact us with any questions or concerns about medication.

West Nurse Office (Fax: 847-634-2902)

Lisa Lau 847-415-4019

Patty Fiore 847-415-4039

East Nurse Office (Fax: 847-634-2905)

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