



Northbrook School District 28  
1475 Maple Avenue  
Northbrook, IL 60062  
MAIN 847.498.7900  
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Jason Pearson, Ed.D.  
SUPERINTENDENT

Kelly Sculles, Ed.D.  
DIRECTOR OF STUDENT SERVICES

### Medication Administration Request Form

**Date:** \_\_\_\_\_  
**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_

**Diagnosis/Reason for Medication:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_ **Time to be Administered:** \_\_\_\_\_

**Duration:** \_\_\_\_\_

**Potential Side Effects of Medication:** \_\_\_\_\_

**Other Medication(s) Student is Receiving:** \_\_\_\_\_

Parent's Request/Approval: I hereby request and grant permission for Northbrook School District 28 school personnel to administer medication to/by my daughter/son according to the above instructions. I understand that administration of medication by school personnel may be performed by an individual other than a registered school nurse, and I specifically consent to such. I further waive any claims against the School District, members of the Board of Education, its employees and agents with the administration or self administration of said medication, and agree to hold harmless and indemnify the School District, the members of the Board of Education, its employees and their 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 attorneys' fees, resulting from or arising out of the administration of such medication.

**Parent's Signature:** \_\_\_\_\_

**Parent's Telephone Number:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_

**Physician's Telephone Number:** \_\_\_\_\_

Form may be returned in person to the school office or via FAX to the student's school.

Greenbriar: (847) 504-3710  
Meadowbrook: (847) 504-3610  
Westmoor: (847) 504-3810  
Northbrook Junior High: (847) 656-1712

*Please send medication in its original, labeled container.*