

MARSEILLES ELEMENTARY SCHOOL- MEDICATION AUTHORIZATION FORM

Please fill out this form for all medications- This includes tylenol, any non-prescriptions and prescription medication

Part A - To be filled out by Parent(s)/Guardian(s)

Student Name _____	Birth Date _____	
Address _____	Telephone Nbr _____	
Grade _____	Teacher _____	Emergency Phone Nbr _____

Part B to be filled out by Illinois licensed physician, dentist or podiatrist

Must this medication be administered during the school day in order to allow the child to attend school: Yes or No (circle one)		
Medication _____	Dosage _____	Administration Time _____
Route of Administration _____	Date of prescription _____	Date of Order _____
Discontinue Date _____	Time interval for re-evaluation _____	
Diagnosis requiring medication _____		
Intended side effect of this medication _____		
Expected side effects, if any _____		
Other medications this child is receiving _____		
May student carry and self-administer this medication (inhalers only)? <u>Yes</u> or <u>No</u>		
Further instructions remarks including medication storage and sterile requirements: _____ _____		
Physician's Name - Print or Type _____	Physician's Signature _____	Date _____
Address _____	Office Phone _____	Emergency Phone _____

Part C - To be filled out by Parent(s)/Guardian(s)

I/we the parent(s)/Guardians of _____		
Student's Name		
Request that the medication described above be given during school hours. I/we the parent(s)/Guardian(s) do authorize school personnel to administer the non-prescription drug as instructed by mean me/us or the prescription drug as instructed by the illinois licensed physician, dentist, or podiatrist and I/we also agree to: (1) deliver all medication to the school: (2) Deliver the licensed prescriber order and parent(s)/guardian(s) written request to the school: (3) Notify the school if I/we change physicians: (4) Notify the school if the medication, the dosage, the product is changed, or to be eliminated.		
Signature of parent or guardian _____	Date _____	Date received at school _____