

Fox Lake School District 114

Lotus School, 29067 W Grass Lake Rd Spring Grove IL 60081
Stanton School, 101 Hawthorn Fox Lake IL 60020



Excellence in Education

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINE BY SCHOOL PERSONNEL MEDICATIONS WILL NOT BE ADMINISTERED UNTIL A LICENSED PROVIDER AND PARENT/GUARDIAN COMPLETE AND SIGN THIS FORM!

STEP 1 - TO BE COMPLETED BY PARENT/GUARDIAN		
Student's Name	Birth Date	Grade
Address		
Home Phone #	Emergency Phone #	
<p>I give permission for my student, _____, 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. I also understand that my signature on this form denotes permission for the authorized school personnel and the licensed prescriber to confer regarding the administration/monitoring of this medication. This form is good for one year.</p> <p>Please note: Medication must be brought to school by the parent. It is your student's responsibility to present himself/herself to the office at the appropriate time to receive their medication. All medications need to be picked up by the parent at the end of the school year.</p>		
X _____ Parent/Guardian Signature		_____ Date

STEP 2 - TO BE COMPLETED BY LICENSED PRESCRIBER		
Medications which are necessary during the school day AND will be administered during school hours		
Name of Medication	Diagnosis Requiring Medication	
Prescription Date	Discontinuation Date	
Dosage Prescribed	Frequency	Route Prescribed
Possible Side Effects		
STEP 3 - FOR INHALERS, EPI-PENS, AND INSULIN ONLY		
1. Student may carry medication on his/her person (please check one) <input type="radio"/> Yes <input type="radio"/> No		
2. Student may self-administer medication (please check one) <input type="radio"/> Yes <input type="radio"/> No		
LICENSED PRESCRIBER'S INFORMATION		
Printed name of Prescriber: _____		
Address: _____		
Phone: _____ Fax: _____		
X _____ Prescriber's Signature		_____ Date