

Authorization for the Administration of Medication by School or Child Care Personnel

Name of Child/Student _____ Date of Birth ___/___/___

Address of Child/Student _____

Medication Name/Generic Name of Drug _____

Condition for which drug is being administered:

Parent/Guardian Authorization:

I request that medication be administered to my child/student as described and directed below.
I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication.

I have administered at least one dose of the medication to my child/student without adverse effects.

Parent/Guardian Signature _____

Relationship _____ Date ___/___/___

Parent /Guardian's Address _____

Home Ph # (____) _____ - _____ Work Ph # (____) _____ - _____ Cell Ph # (____) _____ - _____

Authorized Prescriber's Order

Today's Date ___/___/___

Medication _____

Dosage _____ Method/Route _____

Time of Administration _____ If PRN, frequency _____

Medication shall be administered: Start Date: ___/___/___ End Date: ___/___/___

Relevant Side Effects of Medication _____

Prescriber's Address : West Gate Family Medicine
2015 Dean Street , Suite 2
Saint Charles, IL 60174
Phone #: 630-558-2400
Fax #: 630-584-2404

Prescriber's Name/Title _____

Prescriber's Signature _____ Date ___/___/___

.....

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization for self-administration: YES NO _____
Signature / Date

Parent/Guardian authorization for self-administration: YES NO _____
Signature / Date