



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

Form #6

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

MEDICATION WILL NOT BE ADMINISTERED UNTIL A LICENSED PROVIDER AND PARENT/GUARDIAN COMPLETES AND SIGNS THIS FORM FOR PRESCRIPTION AND OVER THE COUNTER MEDICATION.

STEP 1: MEDICATION INFORMATION

Medications (prescription and over-the-counter), which are necessary during the school day, will be administered by the school nurse.

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 _____

***Students are not allowed to carry medications, with the following exceptions:**

- Students with asthma may carry an inhaler.
- Students with severe allergies may carry an Epi-Pen.
- Students with diabetes may carry their insulin and supplies.

STEP 2: LICENSED PRESCRIBER'S INFORMATION

Printed Name: _____

Address: _____

Phone: _____ Fax: _____

X Signature **Date**

STEP 3: 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: Prescription medication must be brought to school by the parent. Some over the counter medications are stocked by the SHS Nurse's office. These include generic Advil, Tylenol, Excedrin, Midol, Benadryl and Sudafed.

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



East Nurse's Office
West Nurse's Office

847-415-4020 or 847-415-4028
847-415-4030 or 847-415-4039
or 847-415-4021

Fax:
847-955-2445