East Dubuque School District Unit #119 Authorization for Administration of Medication

If this medication must be administered during the school day in order to allow the child to attend school, the following form shall be completed and returned to the Principal's office of the said student. Part A must be completed by the parent/guardian to allow for the use of non-prescription medication and the physician must complete Part B for prescription medication.

Name of Student

Birth Date

Part A *To be completed by Parent or Guardian for Non-prescription Medication*

The following non-prescription medication may be given to my child:

_____ of _____
Dosage Name of Medication

At _____ from _____ until _____
Time(s) of Day Start Date End Date

I, the undersigned parent or guardian of the above named student, hereby request and authorize employees or agents of the East Dubuque School District Unit # 119 to allow the self administration of medication to said student during school hours. I expressly and completely release and excuse East Dubuque School District Unit #119 employees or agents allowing the self-administration of such medication to said student.

Signed_____ Date_____

Part B *To be Completed by Physician for Prescription Medication*

The following prescription medication should be given according to the following directions.

_____ of _____
Dosage Name of Medication

At_____ from _____ until _____
Time(s) of Day Start Date End Date

The disease or illness being treated is: _____

The drug's side effects are: _____

Other medications student is receiving: _____

Signed _____ Date _____
Physician's Signature

Print _____ Phone Number _____
Physician's Name

I, the undersigned parent or guardian of the above named student, hereby request and authorize employees or agents of the East Dubuque School District Unit # 119 to allow the self-administration of medication in accordance with the written orders of the above named physician to said student during school hours. I expressly and completely release and excuse East Dubuque School District Unit # 119 employees or agents allowing the self-adI11inistration of such
medication to said student.

Signed _____ Date _____