



Antioch Community Consolidated School District 34
964 Spafford Street
Antioch, IL 60002

MEDICATION PERMISSION FORM

The policy of Antioch School District 34 provides that only medications necessary for the critical health and well-being of the student will be administered during school hours.

PHYSICIAN'S CERTIFICATION AND AUTHORIZATION

Student's Name (Last) _____ (First) _____ Birthdate _____ Date _____

I hereby certify that it is absolutely necessary that the above named student receive the following medication during school hours.

Medication _____ Dosage _____

Time/Frequency _____

Prescribed for (diagnosis): _____

Observe for these side effects: _____

Starting Date _____ Ending Date _____

Daily _____ Temporary _____ PRN _____

Physician's Signature: _____

Phone Number _____

Parent/Guardian Authorization

My signature on this form authorizes school district employees to allow my child to receive the above medication and releases District 34 and its employees of liability associated with it. I understand that I am responsible for bringing the medication to school, providing refills, removing any unused medication once treatment is completed and providing dosage changes in writing from the physician. Medication not picked up at the end of the school year will be discarded. I understand that the medication must be in the original container and labeled with the student's name, name of medication, dosage and frequency of administration. The medication provided must be what the licensed provider ordered.

Date: _____ Parent/Guardian Signature _____

Phone Number _____

****This form MUST be resubmitted and signed at the beginning of each new school year.****



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MEDICATION PROCEDURE

The purpose of receiving medications at school is to help each child maintain an optimal state of health, which may enhance his/her education plan. Only those medications, which are absolutely necessary to maintain the child in school and those that may be needed in the event of a medical emergency will be allowed. **All medications given in school, including prescription and OTC (non-prescription) medication shall be prescribed by a licensed prescriber on an individual basis as determined by the student's health status.** A District 34 Medication Permission Form must be completed as a written order by the child's licensed prescriber and signed by the parent. Without this documentation the child will not receive the medication. **This applies to prescription medication and OTC (non-Prescription) medication (see Parent-Student Handbook).**

Procedure for any medication is as follows:

1. The "Physicians Certification and Authorization" portion of the Medical Permission Form must be completed to include:
 - Child's name/medication/dosage/frequency
 - Diagnosis requiring medication/possible adverse side effects
 - Licensed prescriber's name/signature/phone number
2. The "Parent's Request and Authorization" portion of the Medical Permission Form completed with the following information:
 - Parent/guardian signature & phone number in case of emergency
3. Medication must be brought to the Health Office by a parent/guardian, in the original container, labeled appropriately by the pharmacist.
Prescription medications shall display:
 - Child's name, prescription number/medication name/dosage/date/refill/licensed prescriber's name
 - Over the Counter Medications shall be brought in the manufacture's original container with the ingredients and dosage listed, expiration date stated and the child's name affixed to the container.
4. Changes in prescription medication will only be made when a note from the prescribing physician has been received, and the prescription container stating the proper dosage should be obtained as soon as possible.
5. The parent/guardian will be responsible for picking up, from the Health Office, any unused medication at the end of the treatment regime. Medications not picked up at the end of the school year will be disposed of.
6. The Medication Permission Form must be renewed annually at the beginning of each school year.

In all cases, the school district retains the discretion to reject any request for the student to receive medication at school, in which case, a parent/guardian can come to school to administer medication.