THOMAS | GREENBRIER | IVY HILL | OLIVE | PATTON

SOUTH | DRYDEN | WESTGATE | WINDSOR

7:270-E1

Authorization of Administration of Medication

Arlington Heights School District 25 Board of Education policy and guidance from Illinois State Board of Education states that all prescription and non-prescription medications that are given during school hours or school-related activities MUST have this form completed PRIOR to the administration of medication. No medication will be given during the school day unless absolutely necessary for the critical health and well-being of the student.

All medications must be brought to the school nurse by parent/guardian in the original prescription container or original manufacturer package if non-prescription medication. The prescription label must exactly match the physician's orders with student name, prescribing physician, name of medication, dosage, route, time to be given, name of pharmacy.

TO BE COMPLETED BY PARENT OR GUARDIAN

Name of Student (Last, First): _____ D.O.B.:_____

School:_____ Grade: _____

I understand it is my responsibility to renew this form before each school year and any time my child's medical needs change.

TO BE COMPLETED BY PHYSICIAN

Medication: _____Dosage: _____

Route: _____ Time: _____

Prescription Date: _____Order Date:_____Discontinuation Date:_____

Diagnosis/Reason for Medication: _____

Possible Side Effects: _____

Other Medications: _____

Physician Name: _____Phone: _____

Physician Signature _____ Date _____

TO BE COMPLETED BY PARENT

By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize AHSD25 and its employees and agents, on my behalf, to administer or to attempt to administer to my child (or to allow my child to *self-administer* pursuant to State law, while under the supervision of the employees and agents of the AHSD25), lawfully prescribed medication in the manner described above.

Parent Signature _____ Date _____

DATED: May 1, 2024