



# Community Consolidated School District 15

580 North First Bank Drive  
Palatine, Illinois 60067

## MEDICATION/HEALTH CARE TREATMENT AUTHORIZATION FORM

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

District 15 believes that parents/guardians have primary responsibility for the administration of medication to their children. Therefore, unless necessary for the critical health and well-being of students, the Board of Education discourages the administration of medication during regular school hours and during school-related activities. For medication that must be administered at school and/or school-related activities, the medication must be brought to the school office in the original container and clearly labeled with:

1. Student's name
2. Medication name
3. Medication dosage
4. Time medication must be taken

Parent/Guardian and physicians must complete and sign this form before medication may be administered. Students who need to keep their asthma medication/inhaler and/or epinephrine auto-injector with them for self-administration must also have a completed **EMERGENCY MEDICATION AUTHORIZATION** form.

### PARENTAL AUTHORIZATION

I authorize Community Consolidated School District 15/C.A.R.E. and its employees and agents to administer medication according to the Medication Administration Policy and Procedures of CCSD15 to:

Name of Student \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PHYSICIAN'S ORDER

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Medication/Health Treatment \_\_\_\_\_

Specific Time/Instructions \_\_\_\_\_ Dosage \_\_\_\_\_ Route \_\_\_\_\_

Reason for Medication/Health Treatment and Intended Effect \_\_\_\_\_

Possible side effects \_\_\_\_\_

Possible negative drug interactions \_\_\_\_\_

Length of Time for Administration \_\_\_\_\_ Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Comments/Additional Instruction \_\_\_\_\_

#### Approved for Possession and Self-administration of

Inhaler  Yes  No      Epinephrine Auto-injector  Yes  No

Emergency Action Plan and/or Medical Management Plan attached

Insert doctor's stamp here:

Physician's Signature: \_\_\_\_\_

Inhaler rescue medication labeled by pharmacist