

Hardin County School District #1

P.O. Box 218 Elizabethtown, IL 62931

Phone: 618-287-2141 Fax: 618-287-8381

REQUEST FOR ADMINISTRATION OF MEDICINE AT SCHOOL

Date: _____

You have asked the school to give medication to your child. We have a directive from the Superintendent of Public Instruction that we should secure written permission from both parent and physician in order to do this. Your signature below herewith indicates that you request this to be done.

PLEASE HAVE YOUR DOCTOR COMPLETE THE FOLLOWING

Name: _____

Date of birth: _____

Medication to be given: _____

Dosage and Directions for administration: _____

Physician's Signature: _____

Parent/Guardian Signature: _____

Upon completion, please return this form to school. We also request that medication be brought to school in a container appropriately labeled by the pharmacy and physician. Thank you for your cooperation.

Jordan Prince, RN

School Nurse