

Medication Authorization Form

Christ Our Savior Catholic School, Calumet City, Illinois (East Campus),
South Holland, Illinois (West Campus)

Student's Name (Last, First, Middle) Date of Birth Grade Date

Medications may be administered in school in accordance with the School Medication Procedures. No medication may be administered in school unless both the student's physician and parent or guardian have completed, signed and returned the following to the School Principal or their designee:

- Medication Authorization Form
- Physician Request for Self-Administration of Medication (if the student is to carry and use medication on their own during school hours or during school activities).
- Medication in the original labeled container as dispensed (Prescription medication) or the manufacturer's labeled container (Non-prescription medication). The medication label shall contain the student's name, name of the medication and directions for use and date.

Physician's Order

Medication/Health Care Treatment Dosage Time(s) to be administered

Intended affect of this medication Expected side effects, if any

Other medications the student is taking

May student self-administer medication under the supervision of school personnel who do not have medical training?

(Circle One) YES NO

Administration Instructions

Discontinue Re-evaluation Follow-up (Please Circle) Date

Physician's/Prescriber's Signature Date Signed

Physician's/Prescriber's Name Emergency Telephone Number

Address City, State, Zip Code