



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

MEDICATION PERMISSION FORM

The policies of Antioch School District 34 provide that all medications may be received at school DURING SCHOOL HOURS ONLY IF IT IS ABSOLUTELY NECESSARY.

PHYSICIAN'S CERTIFICATION AND AUTHORIZATION

I hereby certify that it is absolutely necessary that _____ receive
(child's name)
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 No. _____

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 ensuring that the medication arrives safely at school, preferably by bringing it in myself or sending it with another responsible adult. 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. I also understand it is my responsibility to remove from the school any unused medication for my child. If not picked up at the end of the school year, the medication will be disposed of.

Date: _____ Parent/Guardian Signature _____

****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, will be allowed. Written authorization from a medical prescriber and parent is required. Without this documentation the child will not receive the medication. This applies to prescription medication. Non-prescription medication, including aspirin, Tylenol, cold preparations, throat lozenges and topical ointments, will be allowed for a maximum of two days with at parent signature; any longer requires the signature of a licensed prescriber.

Procedures 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 school in the original container and taken immediately to the main office and placed in the locked storage area. 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 original container with 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 at the end of the treatment regime for removing from the school any unused medications. Medications not picked up at the end of the school year will be disposed of.

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.