Schuyler-Industry District #5

Britney Trone, District Nurse
SIMS/RIHS
Ph:217-322-4311 ext 410
F:217-216-8007
btrone@sid5.com

Wendy Cameron, Elementary Nurse
Washington/Webster Schools
Ph: 217-322-4311 ext 209
F: 217-322-4311
wcameron@sid5.com

"Students Must Be Healthy To Be Educated And Educated To Be Healthy"

Medication Permission Form

Attention Parents/Guardian: This form must be returned to the school office (complete and signed by you and your child's healthcare provider) in order for your child to receive medication at school.

Child's Name	Date of Birth	Grade

TO BE COMPLETED BY HEALTHCARE PROVIDER

The above student is under my care for _____
(diagnosis requiring medication(s)). He/She requires the medication listed below for this diagnosis.

Name of Drug	Dose/Frequency	Time to be given at school	Duration	Side Effects

Must this medication be administered during the school day in order to allow the child to attend school?
            YES   NO
Signature of Physician/Health Care Provider: _____
Printed Name of Physician/Health Care Provider**:** _____
Address**:** _____
Phone: _____   Fax: _____

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

I hereby request that my child receive from assigned personnel the above medication(s) as directed by the physician.

- The medication will be sent to school in an appropriately labeled bottle/container from the pharmacy.
- I will assume the responsibility of bringing the medication or assign this responsibility to a trusted individual.
- I will notify the school if the medication is discontinued.
- I will obtain a written physician's order if the medication dosage is changed.
- I give permission for the school nurse/building principal to contact the above physician regarding any medication concerns.
- I understand that this consent is good for the current school year only and must be complete for each succeeding school year.

Parent/Guardian _____ **Date** _____

FOR HEALTHCARE USE ONLY

            504 or IHP   IEP   Other   ☐   ☐