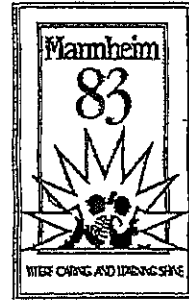




# Mannheim School District 83

10401 West Grand Avenue  
Franklin Park, IL 60131



## Authorization to Administer Medication

*A doctor must complete this form. Doctor and parents or guardian must sign this form.*

1. Name of Student: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_
3. Name of Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Emergency Phone Number: \_\_\_\_\_
4. Name of Medication/Generic Name: \_\_\_\_\_
5. Diagnosis or condition for which medication is being administered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Reason to why medication needs to be given during school hours: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Date of Prescription: \_\_\_\_\_
8. Dosage: \_\_\_\_\_
9. Method and Route in which to be administered: \_\_\_\_\_
10. Frequency and Time to administer: \_\_\_\_\_
11. Date to discontinue: \_\_\_\_\_
12. Intended effect of medication: \_\_\_\_\_
13. Possible side effects of medication, that needs to be observed of student:  
\_\_\_\_\_  
\_\_\_\_\_

14. Under health office school staff supervision, student may self-administer medication. The student must provide medication name and dose information. Health office staff must verify this information with the information on the medication container and the medication order. The student should then verify medication container as their own. The District 83 health office staff must observe student measure and drink/swallow required dose, the health office staff can then return medication to its proper storage location and log that medication was given.

15. Emergency conditions in which the medication can be administered, including instructions on how

to administer, by a certified member of district staff if health office staff is not available to administer, medical personnel, or by the student:

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16. Other medication that student is currently taking: \_\_\_\_\_

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17. Next re-evaluation date: \_\_\_\_\_

**Certified Prescriber**

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Signature and Title of Prescriber	Date
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Parent or Guardian:

I give permission to Mannheim School District 83 and its employees to administer/supervise the described medications in accordance to the regulations of the School District 83 who governs the Administration of Medicine in the School District.

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Signature of Parent/Guardian	Date
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Phone Number: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Approved by the District 83 Nurse to begin administration on: \_\_\_\_\_

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Signature of District 83 Nurse	Date
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