

ELMWOOD PARK SCHOOL DISTRICT 401

MEDICATION IN SCHOOL

Dear Parent/Guardian:

Any Student who must take medication in school needs a note from the doctor and parent. It is necessary that we have proper authorization on file to administer the medication. This is the Board of Education District 401 School Policy #720.14 and State Law.

My Child _____ School _____ Grade _____

Is taking _____ for the treatment of _____
(Name of Medication & dosage) (Name of Condition)

Contraindications/Restrictions _____

And or possible side-effects _____

Prescription # _____ Obtained at _____ on _____
(Name of Pharmacy/hospital) (Date)

Prescribed by Dr. _____ This is to be taken at _____
(Exact time)

Doctor's Signature _____ Doctor's Phone # _____

The medication must be brought to school in a container appropriately labeled by the Pharmacy or Physician. Please report any change of medication or treatment to the School Nurse.

I hereby authorize the Nurse or member of the District 401 Staff to give my child the above-prescribed Medication.

Parent/Guardian Signature _____

Date _____

In Case of emergency, I can be reached at _____
(Phone Number)

Thank you for your cooperation,
District 401 School Health Services