

**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