



# Oak Park Elementary School District 97

970 Madison ▪ Oak Park ▪ Illinois ▪ 60302 ▪ ph: 708.524.3000 ▪ fax: 708.524.3019 ▪ www.op97.org

## **LICENSED PRESCRIBER AUTHORIZATION FORM**

Medications must be brought to the health office by the parent/guardian in the original pharmacy prescription labeled container or a sealed as purchased over-the-counter container. Expired medications cannot be given at school.

**Schools Fax Numbers:**

**Beye** (524-3069) **Brooks** (524-3036) **Hatch** (524-3139) **Holmes** (524-7622) **Irving** (524-3056)  
**Julian** (524-3035) **Lincoln** (524-3124) **Longfellow** (524-3037) **Mann** (524-3049) **Whittier** (524-3047)

Attending School: \_\_\_\_\_

Patient \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian \_\_\_\_\_

Is it necessary for this medication to be administered during the school day? Yes No

Please state reason medication cannot be given outside of school hours:

\_\_\_\_\_  
\_\_\_\_\_

Listed below are medical orders I have prescribed to be administered:

MEDICATION	DOSE in MG	ROUTE	TIME/FREQUENCY	SPECIAL INSTRUCTIONS

Date of Prescription \_\_\_\_\_ Stop Date \_\_\_\_\_ or orders will expire on last day of the current school year.

All medication orders must be renewed annually before medication can be given at school.

Diagnosis Requiring Medication: \_\_\_\_\_

Intended Effect of Medication: \_\_\_\_\_

Common Side Effects: \_\_\_\_\_

Other Medication the Child is Receiving: \_\_\_\_\_

\*Student self-carry asthma inhaler only: I certify \_\_\_\_\_ has been instructed in the self-administration of this inhaler for school use.  
(\*Additionally, parent and student must complete the Self-Medication of Inhaler Agreement form.)

Licensed Prescriber's Name: \_\_\_\_\_  
(Please print clearly)

Licensed Prescriber's Address: \_\_\_\_\_

Licensed Prescriber's Phone # Office: \_\_\_\_\_ Emergency: \_\_\_\_\_

Licensed Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I request the above treatment and/or medication be administered in school as ordered according to the Illinois School Code, national public health recommendation and guidelines, and Oak Park Public Schools – District 97 policy and procedures.**

**Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_**