

OAK GROVE DISTRICT NO. 68

1700 S. O'Plaine Road Green Oaks, IL 60048
(847) 367-4120 Fax (847) 367-4172 Fax (847) 367-7933

"Where Students Come First"

MEDICATION REQUEST FORM

Physician Request

It is necessary for _____ to receive the following medication during school hours in order to maintain his/her health.

Please give the following information regarding medication:

Name of Medication: _____ Dosage: _____

Time to be given: _____ Route of Administration _____

Diagnosis: _____

Possible Side Effects: _____

Physician/Dentist Signature Date

Physician/Dentist Name

Physician/Dentist Telephone Number

Parent Request

I request the above medication be administered to my child, _____ as ordered by the physician. I release District 68 of liability associated with the administration of medication.

Date _____ Parent Signature _____