

Student I.D. # \_\_\_\_\_

Date Received: \_\_\_\_\_  
Nurse Reviewed: \_\_\_\_\_

**Permission Form to Administer Medications**  
**Township High School District 113 – Summer School**

**Deerfield High School**  
1959 N. Waukegan Rd. Deerfield, IL 60015  
Phone: 224/632/3200 Fax:224/632/3206

**2010-2011**

**Highland Park High School**  
433 Vine Ave. Highland Park, IL 60035  
Phone: 224/765/2200 Fax: 224/765/2708

**All Medication Must Be Properly Labeled**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Fr. So. Jr. Sr.  
Last First

Start Date \_\_\_\_\_ Discontinuation Date: \_\_\_\_\_

Diagnosis/Reason \_\_\_\_\_

Medication: \_\_\_\_\_

Daily: \_\_\_\_\_ PRN: \_\_\_\_\_ Emergency: \_\_\_\_\_

1. Strength: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Time: \_\_\_\_\_

2. Route of administering: \_\_\_\_\_

3. Intended effect of medication: \_\_\_\_\_

4. Side effects student should be observed for: \_\_\_\_\_

5. Other medication student is receiving: \_\_\_\_\_

6. May student self-administer medication under supervision of Health Service personnel or designate?  
**(Please circle)** YES NO

7. Student should carry asthma inhaler on his/her person while in school YES NO

8. Student should carry epinephrine auto-injector on his/her person while at school YES NO

9. Student should carry diabetes medication/supplies on his/her person while at school YES NO

10. Additional instructions from prescriber:  
\_\_\_\_\_

**Consent For Medication Administration:**

\_\_\_\_\_  
**Parent/ Guardian signature**

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Emergency # of Parent/Guardian  
Date \_\_\_\_\_

\_\_\_\_\_  
Address/Phone  
Date \_\_\_\_\_

**Medication cannot be given unless this form is completed**  
**in its entirety and signed by physician and parent/guardian**