



Arlington Heights School District 25 Health Services Department

Medication at School

Both the parent and physician must file requests in writing when it is necessary that prescription medication and/or over the counter medications be given during school hours. These requests must be renewed at the beginning of each school year or when there is any change in the medication routine.

Parent Request for Medication to be Administered at School

Student Name: _____ Birth Date: _____

I have read and understand the medication administration procedures in the District Parent/Student Handbook. By signing below, I agree that I am primarily responsible for administering medication to my child. However, I hereby authorize District 25 and its employees and agents, on my behalf, to administer or to attempt to administer to my child lawfully prescribed medication in the manner described below. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse and specifically consent to such practices, and I agree to indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

Parent/Guardian Printed Name	Parent/Guardian Signature	Date
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Physician's Request for Medication to be Administered at School (To Be Completed by Physician)

Child's Name: _____

Medication and Dosage: _____ Time: _____

For What Condition? _____

Anticipated Results: _____

Possible Adverse Effects: _____

Length of time medication to be administered? _____

Other medications student is receiving: _____

Physician Printed Name	Physician Signature	Date
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