



Jarrold Newell, Superintendent
 211 West Robinson St.
 Carmi, IL 62821
 618.382.2341
 618.384.3207 Fax
 jnewell@carmischools.org
 www.carmischools.org

**PHYSICIAN/PARENT REQUEST FOR ADMINISTRATION OF MEDICINE OR SPECIAL PROCEDURE
 BY SCHOOL STAFF**

Special health care procedures and medications may be administered at school by personnel when such treatment is necessary for school attendance and cannot otherwise be accomplished. This completed form, along with the medication and/or special equipment items, are to be brought to the school by the parent. Prescribed medication/treatment may be administered by a school nurse or by a non-health professional designate of the principal or the school nurse. A written order for prescription medications must be obtained from the child's health care provider. (Orders should be renewed at least annually for long-term medications and any changes should be obtained in writing.) The order includes:

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Health Care Provider: _____ Health Care Provider's phone #: _____

Condition for which medication/special procedure is prescribed:

Specific medication or procedure:

Dosage and method of administration (include time schedule):

Precautions/unfavorable reactions:

Student may carry inhaler to self-medicate.

Student may carry EpiPen® to self-medicate.

The school and its employees and agents are to wanton conduct, as a result of any injury arising from epinephrine auto-injection by the pupil.

incur no liability, except for willful and the self-administration or use of an

Date Health Care Provider's Name – printed Health Care Provider's Signature

We (I), the undersigned, the parents/guardians of _____ request that the above medication/special procedure be administered at school to our (my) child. We (I) understand that the prescribed medication must be brought by us (me) to the school in a container appropriately labeled by the pharmacy and non-prescription medications must be brought in a container with the original label and the child's name affixed to the container. I give consent to the school nurse to consult with the above health care provider regarding this condition and medication. If you have questions, please contact the school nurse.

Date Signature of Parent/Guardian Phone # and Emergency Phone #

Phone #: _____ Emergency phone #: _____