

# Havana Community Unit Schools District 126

R. Mathew Plater, Superintendent

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Havana, IL 62644

## Prescription and Over the Counter Medication Form

In order to comply with the guidelines recommended by IDPH (IL Dept. of Public Health), ISBE (IL State Board of Education), and IASN (IL Association of School Nurses) for administering medication at school we need the following information from the licensed prescriber *and* a written request from the parent/guardian requesting the medication be administered during school hours. The intent of these guidelines is to assure the safe administration for those children requiring them. ***A written order for prescription and over the counter medications must be obtained by the school prior to medication being given to the child.*** This form is good for the current school year only and any changes are to be submitted to the school in writing.

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency/Time: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

### To Parent/Guardian:

Please sign below giving Havana CUSD #126 permission to administer the above medication. Prescription and over the counter medication must be brought to school in a container appropriately labeled by the pharmacy or the manufacturer. Only those medications necessary to keep the child in school and must be given during school hours will be administered. If you have any questions regarding these guidelines or your child's situation, please feel free to contact the school nurse. **\*THIS FORM MUST BE ON FILE BEFORE YOUR CHILD WILL BE GIVEN THE MEDICATION\***

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

\_\_\_\_\_  
Date