Alden-Hebron
Community Consolidated Unit Schools

DISTRICT NO. 19 – HEBRON, ILLINOIS 60034

ELEMENTARY SCHOOL
11915 Price Road
815-648-2442

DISTRICT ADMINISTRATIVE OFFICE
11915 Price Road
815-648-2442
Fax: 815-648-2339

MIDDLE/HIGH SCHOOL
9604 Illinois Street
815-648-2442

Physician Request for Self-Administration of Medication

______________________________ Name of Student

______________________________ Birthdate

______________ Grade

______________ School Year

______________ Date

TO: Principal/School Nurse

ALDEN-HEBRON SCHOOL DISTRICT #19 (circle one) **Elementary** **Middle School** **High School**

The above named pupil has____
(Name of Disease or Syndrome)

I am requesting that the above named student take the following medication during school hours.

______________________________ Name of Medication

______________________________ Type of Medication (Tablet, Liquid or Capsule)

______________________________ Dosage

______________________________ Time(s) to be given

______________________________ Possible Side Affects

I certify that ______________________________ has been instructed in the use and
(Name of Student)

self-administration of ____
(Name of Medication)

He/she understands the need for the medication, and the necessity to report to school personnel any unusual side effects. He/she is capable of using this medication independently.

I may be reached at the following phone # in the event of a reaction to the medication or an emergency:

______________________________ Print Name of Physician

______________________________ Signature of Physician

______________________________ Address of Physician

______________________________ Phone Number of Physician

______________________________ Date