For prescription medications to be taken at school
Note the need for a physician's signature

Pekin Community High School District 303

Doctor Request for administration of prescription Medications

Only medication absolutely necessary to maintain the student in school will be given. The student will bring his/her own medication. Please it in the original bottle and leave it in the nurse's office.

Please read and sign below.

By signing below, I agree:

1. That I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so I hereby authorize the school district and its employees, in my behalf and stead, to administer to my child(or to allow my child to self- administer, while under the supervision of the employees of the school district), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medication to my child be performed by an individual other than the school nurse, specifically consent to such practices and

2. 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 self-administration of medications by the pupil.

Student Name_____

Medication_____

Dosage/Frequency_____

Diagnosis requiring medication_____

Physician's signature_____

Date_____

Parent signature_____

Daytime Phone Number_____

******All Medications will be kept in the Nurse's office.**

******Prescription medication must be in the original container.**

*****The school district retains the discretion to reject requests for administration of medication

Nurse Office Fax number 477-4384