

CARMI-WHITE COUNTY



Home of the Bulldogs

COMMUNITY UNIT SCHOOL DISTRICT NO. 5

Brad Lee, Superintendent

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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 medications 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 medications/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 incur no liability, except for willful and wanton self-administration of medication or use of an epinephrine auto-injection by the pupil.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
Date Health Care Providers' 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 #

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