

Our mission is to develop children who are confident and creative learners. We provide a rigorous curriculum and a supportive school environment that promotes high achievement, encourages personal growth, and meets the unique needs of each child.

Date

STUDENT SERVICES DEPARTMENT

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MEDICATION ADMINISTRATION FORM Effective School Year: 20 ______ to 20_____ Today's Date: Student Name: D.O.B.: Grade Name of Medication: Frequency/time/route of administration: Time interval of re-evaluation: Diagnosis Requiring Medication: Side Effects: Rescue Inhaler and/or Epipen – we recommend "back up" medication to be stored in the Health Office 1. Student may carry medication on his/her person □ Yes □ No 2. Student may self-administer medication \square Yes \square No Parental authorization: I acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so, medicine will be administered by district health personnel only in exceptional circumstances where the prescribed medication interval requires that it be administered during school hours and when the parent requests and a physician certifies that the timing of such medication requires administration in school. Additionally, students may be given acetaminophen, ibuprofen, cough drops or other over-the-counter medication at school by district health personnel as long as there is a completed medication administration authorization on file for the current school year. Each medication, both prescription, and over the counter must be brought to school by a parent/guardian, and must be in its original container with the student's name, grade, and team clearly labeled on the bottle. School health personnel will not administer injections, except to assist students with emergency medication for diabetes and anaphylactic reactions, when a physician has provided the school with instructions for such injections and the parent has requested such assistance. Parent's signature **Doctor's signature** Address Address Home phone/cell phone Phone number / emergency number

This form shall be effective for the current school year only, and must be renewed each subsequent school year.

Date