

**Vermilion Association for Special Education
Middlefork School
Regional Safe Schools Program**

Monica Campbell, Principal

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Authorization and Permission for Administration of Medication

Student Name: _____

Birthdate: _____

Name of Medication: _____

Dosage: _____

Route of Administration: _____

Frequency & Time of Administration: _____

Diagnosis: _____

Other medications student is receiving: _____

Possible Side Effects: _____

Start Date: _____

Stop Date: _____

Licensed Prescriber (print) _____

Signature of Licensed Prescriber _____

Address _____

Telephone _____

Date _____

**"Providing a team of services to ensure quality programs for students
experiencing barriers to success in Vermilion County"**