Vermilion Association for Special Education
Middlefork School
Regional Safe Schools Program

Monica Campbell, Principal

15009 Catlin-Tilton Road, Suite B
Danville, IL 61834

Telephone: (217)443-8273
Fax: (217) 443-0217

Middlefork Physician Request for Self-Administration of Medication

(Specifically for students of Asthma, Seizures, Severe Allergies, and Diabetes)

Student Name: _____ Birthdate: _____

Name of Medication: _____

Dosage: _____

Route of Administration: _____

Frequency & Time of Administration: _____

Diagnosis: _____

Possible Side Effects: _____

Start Date: _____ Stop Date: _____

I certify that _____ has been instructed in the use and self-administration of _____. 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.

Licensed Prescriber (print) _____

Signature of Licensed Prescriber _____

Address _____

Telephone _____

Date _____