



CHADWICK-MILLEDGEVILLE

Community Unit School District #399



Tim J. Schurman, Superintendent
 100 E. 8th Street
 Milledgeville, IL 61051
 Phone (815) 225-7141
 Fax (815) 225-7847
 Email: tschurman@dist399.net

Brian M. Maloy, Principal
 100 E. 8th Street
 Milledgeville, IL 61051
 Phone (815) 225-7141
 Fax (815) 225-7847
 Email: bmaloy@dist399.net

STUDENT MEDICATION AUTHORIZATION

Our school policy states that medications are given by a nurse to a student only upon the written prescription of a physician AND the written request of a parent. In the event that this is necessary, the following guidelines must be adhered to:

1. Written orders are to be provided to the school from a physician detailing the name of the drug, dosage and the exact time when the medication is to be given.
2. Written orders (doctor and parent) must be renewed each school year.
3. Medication must be brought to school in a container appropriately labeled by the pharmacy or physician. Name of student, doctor, name of medication, and dosage and time to be given must be included.
4. Please note: ibuprofen, acetaminophen, and non-prescription drugs are also considered medication.

Please complete this form and return it to the school nurse. This information is kept confidential between physician, parent, teacher, and school nurse.

Physician Printed Name _____ Office Phone _____

Name of Student _____ D.O.B. _____

Medication _____ Dosage _____

Time to be Taken _____ Purpose of Medication _____

Doctor's Signature _____ Date _____

For Parents/Guardians:

I am requesting that the school nurse give the above-named prescription during school hours. I understand no medication dosage will be increased or decreased without an order from the physician.

Parent/Guardian's Signature: _____ Date _____