

GLEN ELLYN SCHOOL DISTRICT 41

Hadley Jr. High School

240 Hawthorne - Glen Ellyn, IL 60137

Phone 630 • 790 • 6450 Fax 630 • 790 • 6469

Dr. Christopher Dransoff, Principal

MEDICATION FORM

Permission to Administer Prescriptions and Non-Prescriptions

School medication form must be on file in the health office in order for school personnel to administer medication.

Student's Name _____

Medication _____ Dosage _____

Time of Day _____

Length of Time _____ to _____

Condition, Illness or Disease _____

Side Effects _____

Is student on any other medication _____ If yes, what _____

Prescribed by Doctor _____

Physician's Signature Date

Phone Number Fax#

I grant permission for school personnel to administer the medication described to my child.

Parent/Guardian Signature Date

Home Number _____

Work Number _____

The medication must be labeled with the child's name and must be in the original container from the druggist. Any substitution from the original container must be approved by both the building principal and the school nurse, and must have prescription number, name of druggist, and all information required on the original label. **All medications should be brought to school by a parent.**