

**LAKE FOREST HIGH SCHOOL
1285 N. MCKINLEY RD.
LAKE FOREST, IL 60045
RETURN TO THE NURSES OFFICE.**

Nurse Office Direct Line: 847-582-7335
Health Attendant Office: 847-582-7476

Fax: 847-810-1399

**SCHOOL MEDICATION AUTHORIZATION FORM
(Prescription and Non-Prescription)**

To be completed by the student's physician

Student's name: _____

_____ Birth Date

Address: _____

_____ Phone No.

Grade: _____

Medication: _____

Dosage: _____ Time: _____

Purpose of Medication: _____

Possible Side Effects: _____

Date: _____ Signature of Physician: _____

Telephone: _____

To be completed by the student's parent or guardian

I, _____, parent or guardian of

_____ hereby authorize Lake Forest Community High School District 115 and its employees and agents to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School district), prescribed medication in the manner described above. I will be responsible for bringing and removing all prescription and non-prescription medications in its original container labeled by the pharmacy. I also authorize the school's Nurse to consult with our physician regarding any concerns about this medication.

Parent or Guardian Signature

Date

NOTE: The parent or guardian will be responsible for bringing and removing all prescription and non-prescription medication in its original labeled pharmacy container. Students will be permitted to carry asthma inhalers, epi-pens and insulin with them provided this form is current and on file in the Health Office.

Return to the NURSES OFFICE!