

STAUNTON COMMUNITY UNIT DISTRICT NO. 6  
801 North Deneen Street  
Staunton, Illinois 62088

Our school district requires that all students who need medication during school hours must do the following:

1. Present a written consent form signed by the parent or legal guardian.
2. Bring the medication in the original prescription bottle, properly labeled by a registered pharmacist as prescribed by law.
3. Signed consent from the prescribing physician detailing the administration of the medication.

Please complete the attached form and have your physician sign it, so we can administer medication to your child.

Thank You,

Sherry Semanek R. M.

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AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

Name of student \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

TO BE COMPLETED BY THE PHYSICIAN

Name of medication \_\_\_\_\_

Dosage and frequency of administration \_\_\_\_\_

Condition requiring medication at school \_\_\_\_\_

Anticipated side effects of medication \_\_\_\_\_

Duration of order (week, month, indefinite) \_\_\_\_\_

Doctor, do you wish a report from the school? \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

TO BE COMPLETED BY PARENT/GUARDIAN

I hereby request and give my permission for the above named school to administer the medication prescribed on this form to my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby agree to administer the medication as requested by the parent and in accordance with directions listed by the physician.

Person administering medication \_\_\_\_\_ Date \_\_\_\_\_