3401 Gunderson Ave., Berwyn, Illinois 60402
Phone: 708-795-2300 Fax: 708-795-2317 Online: www.bsd100.org

Berwyn South School District 100

MEDICATION PERMISSION FORM

This form must be returned to the school health office. A physician's order is necessary for ANY MEDICATION, over-the-counter, short-term and long-term medication. We will not administer the medication prior to receiving this permission form completed and signed by your physician.

THE FOLLOWING MUST BE COMPLETED BY THE PARENT/GUARDIAN:

Student's Name _____ Birthdate _____ Grade _____

Address _____ Phone Number_____

Other medications the child is taking _____

_____I hereby request and grant permission to the authorized personnel from the above-named school to administer the medication described on this form to my child.

_____I give permission for my child to carry his/her inhaler and to be responsible in its use, provided the doctor gives consent for same.

_____I give permission for my child to self-administer his/her medication when s/he is on a field trip.
If there are any questions, please contact your child's school nurse.

All medication that is not self-carry needs to be picked up by a parent/guardian on the last day or it will be disposed of.

I indemnify and hold harmless Berwyn South School District 100 and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising
out of a student's self-administration of medication or the medication storage by school personnel.
Parent/Guardian Signature _____ Date _____

Work Phone (_____)_____ Cell Phone (_____)_____ Emergency Phone (_____)_____

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THE FOLLOWING MUST BE COMPLETED BY THE PHYSICIAN:

Physician's Name (please print) _____ Phone Number (_____)_____

Physician's Address _____ City_____ Zip_____

Illness/Condition Involved _____

MEDICATION _____

Dosage _____ Time to be given _____ Duration of the dosage _____

MEDICATION _____

Dosage _____ Time to be given _____ Duration of the Dosage _____

Possible Side Effects _____

____The above-named student may self-administer his/her medication on a field trip. I certify that s/he has been properly instructed in its use.

____The above-named student may carry and self-administer his/her inhaler. I certify that s/he has been properly instructed in its use.

Physician's Signature_____ **Date**_____

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IMPORTANT INFORMATION

The medication MUST be brought to school in the original pharmaceutical container, clearly marked with the child's name, medication name and pertinent information. `````` Duplicate prescription containers can be obtained from your pharmacist. Over-the-counter medication MUST be brought in its original, unopened container with the seal unbroken. **We will not administer any medication sent to school in plastic containers, baggies, envelopes, etc.**

2. The parent must report immediately any changes in prescription or dosage. New doctor's orders must be obtained for each change.
3. Medication permission must be renewed at the beginning of each school year.
4. Medication and permission form will be kept in the Health Office.