

# ALTERNATIVE ACADEMIC ACHIEVEMENT ACADEMY

13801 S. CHATHAM AVE, BLUE ISLAND, IL 60406

PHONE: 708.206.0000, FAX: 708.957.5324

## AUTHORIZATION AND PERMISSION FOR ADMINISTRATION OF MEDICATION

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Date: \_\_\_\_\_ Student Home School: \_\_\_\_\_ District: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School medications and health care services are administered following these guidelines:

- Physician/Prescriber signed dated authorization to administer the medication.
- Parent signed dated authorization to administer the medication.
- The medication is in the original container, label contains the student name, name of the medication, and direction for use and date.
- Annual renewal of authorization and immediate notification, in writing, of changes.

Physician Authorization:

\_\_\_\_\_

Medication/Health Care Treatment	Dosage	Time to be administered
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\_\_\_\_\_

Intended affects of this medication	Expected side effects, if any
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\_\_\_\_\_

other medications student is taking

\_\_\_\_\_

May student self-administer medication under supervision of Health Service personnel or designate?  
(A student self-administration form must be completed) (Please circle) YES or NO

Administrative instructions :

\_\_\_\_\_

Discontinue/Re-evaluate/Follow-up Date (Circle one)

\_\_\_\_\_

Prescriber's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date