

Students Name: _____ Birth Date: _____ Grade: _____

Illinois State Law requires a written medical authorization by a Health Care Provider (physician, nurse practitioner, PA, etc.) as well as written consent from a parent/guardian in order for the nurse, or in her absence, designated staff, to provide first aid and/or administer over-the-counter medication for minor medical needs. This does include medications such as ibuprofen, acetaminophen, cough drops, triple antibiotic ointment, etc.

Following Medicines to be provided by parent/guardian

- Medication: Tylenol/Acetaminophen
Dosage: _____ Frequency: _____
- Medication: Ibuprofen
Dosage: _____ Frequency: _____
Frequency: _____
- Medication: _____
Dosage: _____ Frequency: _____
- Medication: _____
Dosage: _____ Frequency: _____

Please check all treatments below that you approve for First Aid Care for your student

For minor cuts/abrasions/insect stings/burns/toothache/muscle aches the following may be applied:

- _____ Triple Antibiotic Ointment
- _____ Hydrocortisone 1% Cream
- _____ Burn Free Pain Relieving Gel
- _____ Aloe Vera gel
- _____ Orajel
- _____ Muscle Rub Cream
- _____ Caladryl Lotion
- _____ Sterile eye drops
- _____ Cough drops
- _____ Other _____

PARENT/GUARDIAN AUTHORIZATION

I hereby request that the above ordered medication be administered by school personnel. I understand that I must provide all medication in the original bottle with the student's first and last name written on the bottle. I understand that medication will be destroyed if not picked up within one week following termination of the order or the last day of school, whichever comes first. I also understand that my signature allows for verbal communication as necessary between the school nurse and the above prescriber to ensure safe administration of all medication marked above.

PARENT/GUARDIAN PRINTED NAME _____ PARENT/GUARDIAN SIGNATURE _____ DATE _____

Physician's Signature: _____ Physician's Name (please print): _____

Physician's Address: _____

Physician's Phone: _____ Date: _____