

Morton Grove School District 70
Park View School
6200 Lake Street
Morton Grove, IL 60053
847-965-6200 Fax 847-965-0606

Dear Parents,

Before we can dispense medication to your child, we require your signature and that of your physician on the medication authorization form below.

Please complete this form and return it to the school as soon as possible. If you have any questions, please do not hesitate to contact us.

MEDICATION AUTHORIZATION FORM

Student's Name _____ Date _____

DIAGNOSIS:

Physician's orders: **Medications to be given during school hours:**
(Name of medicine....dosage....time to be given)

Other meds:

Physician's signature:

Address

Phone Number

Comments (medical condition, possible reactions, side effects, other medications the student is taking, etc.) which the school should be aware of:

I hereby authorize school personnel to administer medications to my child during school hours.

Parent or guardian signature:

Emergency phone: _____ Date _____