

MT. ZION COMMUNITY SCHOOLS
MT. ZION, ILLINOIS 62549
MEDICATION AUTHORIZATION FORM

Mt. Zion School District Fax Numbers

District Central Office.....(217) 864-2200
Mt. Zion Grade School.....(217) 864-6131
McGaughey Elementary School.....(217) 864-4126

Mt. Zion Intermediate School.....(217) 864-5175
Mt. Zion Jr. High School.....(217) 864-6829
Mt. Zion High School.....(217) 864-5815

TO THE PHYSICIAN:

When it is necessary for a student to self-administer or have the school nurse administer medication during the school day, the following directions to the school personnel/nurse from the physician are required:

_____ should take _____
(Name of student) (dosage)

of _____ at _____ for the _____
(Name of medication) (Time of day) (Duration)

The diagnosis is: _____

The desired effect is: _____

The side effects are: _____

Date: _____

Signature: _____
(Physician Signature)

Office Phone: _____

TO THE PARENT/GUARDIAN:

I hereby give my permission for my child to take _____ as
prescribed above by the physician. (Name of medication)

Date: _____

Signature: _____
(Parent/Guardian Signature)

Parents/Guardians:

In order for your student to take medication at school, the following criteria must be met

- A. Form must be completed in its entirety by physician and parent
- B. Medication must be in a labeled prescription from the pharmacy or in the original container for over the counter medications
- C. Labeled bottle must include student's name, name of medication, dosage, physician's name
- D. Only one medication per form

*The Mt. Zion School District, along with its employees and agents, assume no liability (except for willful and wanton misconduct) as a result of any injury arising from the student's self-administration of Asthma medication or Epinephrine.

**No antibiotics will be given at school if ordered three times per day or less

***Information regarding medication may be shared with appropriate personnel for health and education purposes