Westchester Public Schools
District 92½

Request for the Administration of Medicine

Medications cannot be administered at school without a doctor's written order and a written request from the parent or guardian.

When this request is received by the school, it will remain on file and in effect for the remainder of the school year unless specifically limited by the physician. This form may be returned to the health clerk in the Health Office or faxed to the health clerk at the appropriate school:
WPS Fax - (708) 562-1547 WIS Fax - (708) 562-0299 WMS Fax - (708) 450-2752

Student's Name _____

Address _____ Date of Birth _____

_____ Emergency Phone _____

School _____ Grade _____

Part I – Physician's Statement

1. Name/type of medication _____
2. Dosage/amount to be given _____
3. Route of administration _____
4. Frequency and time of administration _____
5. Duration (week, month, indefinite, etc.) _____
6. Diagnosis, intended effect and anticipated reaction to medication _____

   _____ Symptoms, side effects, etc. _____
7. Other medication child is receiving _____
8. Other requirements _____

   _____
9. **Must this medication be administered during the school day in order to allow the student to attend school? _____ Yes _____ No**

_____ _____
Physician's Signature Date Signed

_____ _____
Physician's Address Physician's Phone Number

Part II – Parent's Request/Approval

I hereby request and grant permission for School District 92½ school personnel to dispense medication to my *daughter/son* _____, according to the above instructions. I further waive any claims against the School District members of the Board of Education, its employees and agents arising out of the administration of said medication and agree to hold harmless and indemnify the School District, the members of the Board of Education, its employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action of injuries, costs, and expenses, including attorneys' fees, resulting from or arising out of the administration of medicine.

Signed _____ Date _____

Daytime Phone # _____