

**CARLE AUDITORY ORAL SCHOOL/CARLE FOUNDATION HOSPITAL PHYSICIAN AUTHORIZATION AND PERMISSION FOR MEDICATION ADMINISTRATION\***

Please have your child's physician's office complete this form if your child has a current medication that will need to be administered while he/she is in attendance at school.

Student's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(Last) (First) Birth Date

Student attends the following days/times: \_\_\_\_\_

Medication is administered following these guidelines:

- Physician/Prescriber signed, dated authorization to administer the medication
- Parent signed, dated authorization to administer the medication
- Medication is in the original labeled contained as dispensed (or the manufacturer's labeled container)
- Medication label contains the student name, name of the medication, directions for use and date

**Physician Authorization:**

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time to be administered \_\_\_\_\_

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

Administration instructions \_\_\_\_\_ Other medications student is taking \_\_\_\_\_

Discontinue/Re-Evaluate/Follow-up Date (circle one) \_\_\_\_\_

Physicians Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Physician's Emergency Phone # \_\_\_\_\_

If special instructions, please describe how medication is to be administered below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Carle Foundation Hospital  
Carle Auditory Oral School  
611 W. Park Street  
Urbana, IL 61801  
(217) 326-2824