Hammitt School on Willow

108 East Willow Street
Normal, Illinois 61761
Phone: (309)452-1170
Fax: (309)862-2902

Hammitt School on Oglesby

612 Oglesby Avenue
Normal, Illinois 61761
Phone: (309)452-1790
Fax: (309)452-1832

Medication Administration Consent Form

(For medications to be given at school)

STUDENT : _____ **DOB** _____

1 _____ _____ _____ _____
Medication Name | Dose | Route | Time given/Frequency

_____ _____ _____
Diagnosis/ICD-10 | Intended Effect | Possible Side Effects

2 _____ _____ _____ _____
Medication Name | Dose | Route | Time given/Frequency

_____ _____ _____
Diagnosis/ICD-10 | Intended Effect | Possible Side Effects

3 _____ _____ _____ _____
Medication Name | Dose | Route | Time given/Frequency

_____ _____ _____
Diagnosis/ICD-10 | Intended Effect | Possible Side Effects

4 _____ _____ _____ _____
Medication Name | Dose | Route | Time given/Frequency

_____ _____ _____
Diagnosis/ICD-10 | Intended Effect | Possible Side Effects

Allergies _____

If school medications change in type, dose or time administered, a new parent and physician consent is required. This form is valid for ONE CALENDAR YEAR from date of physician signature

Physician Signature & Phone _____ Date _____

Parent/Guardian Signature _____ Date _____