

Hammitt Junior-Senior High School
1500 Fort Jesse Road, Suite A
Normal, IL 61761
Phone: 309-452-1790 Fax: 309-452-1832

Licensed Prescriber Authorization for Medication Administration

_____ should take the following at school:
(Name of Student) (Birthdate)

1) _____ at _____
(Medication) (dosage) (time)

1a) Intended Effect of Medication: _____

1b) Side Effects of Medication: _____

1c) Diagnosis: _____

2) _____ at _____
(Medication) (dosage) (time)

2a) Intended Effect of Medication: _____

2b) Side Effects of Medication: _____

2c) Diagnosis: _____

3) _____ at _____
(Medication) (dosage) (time)

3a) Intended Effect of Medication: _____

3b) Side Effects of Medication: _____

3c) Diagnosis: _____

Allergies: _____

Other medications the student receives:

Prescriber's Signature: _____

Prescriber's Telephone: _____

Date: _____

(This consent is valid for one calendar year from this date).

