

River's Edge *Academy*

725 School Street, Morris, IL 60450

(815) 942-5780; FAX (815) 942-5782

"Intelligence plus character, that is the goal of true education" (Martin Luther King Jr.)

School Medication Authorization Form

Student's Name _____ Birthdate _____
Address _____ Home Phone _____
Cell Phone _____ Work Phone _____
Home School District _____ Grade _____ Teacher _____
Emergency Phone Number _____

TO BE COMPLETED BY THE STUDENT'S PHYSICIAN OR PARENT:

Name of medication _____
Dosage _____ Frequency _____ Time to be given at school _____
Date of prescription _____ Date of order _____
Diagnosis requiring medication _____
Intended effect of this medication _____

Must this medication be administered during the school day in order to allow the student to attend school or to address the student's medical condition? _____

Expected side effects, if any: _____
Time interval for re-evaluation _____
Other medications student is receiving _____

Physician's Name-Please Print

Physician's Name-Signature

Physician's Office Address

Phone-Office

Phone-Fax

Further instructions/remarks: _____

Date