



# Atwood Heights School District 125

Dr. Samuel A. Rizzo Administrative Center  
12150 South Hamlin Avenue / Alsip, Illinois 60803  
708-371-0080 - Fax: 708-371-7847

Dr. Thomas E. Livingston  
Superintendent of Schools

## School Medication Authorization Form

**To be completed by the child's parent(s)/guardian(s). A new form must be completed every school year. Keep in the school nurse's office or, in the absence of a school nurse, the building's main office.**

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**To be completed by the student's physician, physician assistant, or advanced practice RN:**

Physician's printed name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Emergency phone: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Purpose: \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Time medication is to be administered or under what circumstances:

Prescription Date: \_\_\_\_\_ Order date: \_\_\_\_\_ Discontinuation Date: \_\_\_\_\_

Diagnosis requiring medication: \_\_\_\_\_

Is it necessary for this medication to be administered during the school day? ☐ Yes ☐ No

Expected side effects, if any: \_\_\_\_\_

Time interval for re-evaluation: \_\_\_\_\_

Other medications student is receiving: \_\_\_\_\_

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Date

7:270-E

(Parents must complete back of form)

Heather Wills  
Principal  
LAWN MANOR SCHOOL  
4300 West 108th Place  
Oak Lawn, IL 60453  
(708) 423-3078

Damien Aherne  
Principal  
MEADOW LANE SCHOOL  
118th and Meadow Lane Drive  
Merrionette Park, IL 60803  
(708) 388-6058

Lisa J. West  
Principal  
HAMLIN UPPER GRADE CENTER  
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