



## Oak Park School District Medication Authorization Form

**\*\*This form should be used in addition to Medical Management Plans for any chronic illness such as Asthma, Allergies, Seizures or Diabetes. Please use the appropriate plan form for such medical issues.**

Student Name: \_\_\_\_\_  
Teacher: \_\_\_\_\_ Grade \_\_\_\_\_  
Parent/Guardian Cell phone #: \_\_\_\_\_

Birth date: \_\_\_\_\_  
School Year: \_\_\_\_\_

### To be completed by Physician/Licensed Personnel Only:

All/Any prescription or over-the-counter medications must be signed by physician/licensed prescriber:

	Medication	Dose	Time to be given	Form/Route *	Side Effects
1					
2					
3					

\*Routes **Oral** (pill, capsule, chewable, liquid)

**Inhaled** (inhaler, nebulizer)

**Topical** (Skin, eye drop, ear drop, cream, ointment)

**Other** (List)

Reason for medication: Medication #1 \_\_\_\_\_

Medication #2 \_\_\_\_\_

Medication #3 \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Does Medication need to be available on bus? Please initial box  $\Rightarrow$  YES NO verified by OPSD RN

Start date if not beginning of school year: \_\_\_\_\_ End date if not end of school year \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

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

Physician's phone#: \_\_\_\_\_ FAX#: \_\_\_\_\_

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

### To be completed by Parent/Guardian:

I request and give permission for the above child listed to receive the above medication(s)/treatment at school according to standard school district policy and for the physician or physician's staff and school district staff to share information needed to assist my child with medication needs. Schools require parent/guardian to bring medication in its original container (no exceptions will be made if not in original container). All medication must be labeled with the student's name and must be current.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Students with health/medical issues may be eligible for protection under Section 504, a federal disability law. Parents who wish to initiate a request for a 504 evaluation should contact the office of Specialized Student Services at 248-336-7673.