

Millburn Elementary School  
Phone: 847-356-8331  
Fax: 847-356-9722

Millburn School District 24



Millburn Middle School  
Phone: 847-245-1600  
Fax: 847-265-8198

**REQUEST for the ADMINISTRATION of  
PRESCRIPTION and NON-PRESCRIPTION MEDICATIONS**

**IMPORTANT INFORMATION:**

- All medications – prescription and non-prescription must be brought in by an adult.
- Students may NOT carry medications into school.
- Medication must be kept and dispensed by the school nurse or principal designee.
- Medication must be brought in the original container as it was purchased or as dispensed by the pharmacist.
- **NO** medication will be dispensed at school until the physician and parent have completed this form.

STUDENT \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

**PART ONE** - *To be completed by parent and physician*

1. Name of medication \_\_\_\_\_
2. Instructions (schedule and dose to be given at school) \_\_\_\_\_
3. Method of Administration (oral, topical, inhaled, etc.) \_\_\_\_\_
4. Duration (school year, week, month) \_\_\_\_\_
5. Diagnosis requiring medication \_\_\_\_\_
6. Other medication(s) child is receiving \_\_\_\_\_
7. Expected side effects/restrictions \_\_\_\_\_
8. Must this medication be administered during the school day in order to allow the child to attend school or to address the student's medical condition? \_\_\_\_\_
9. This student is both capable and responsible for self-administering this medication:  
*Circle One:* NO YES - supervised YES - unsupervised
10. If medication is an inhaler or Epi-pen, is it advisable that the student carry this medication?  
NO YES Comments? \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

Physician's printed name, address \_\_\_\_\_

**PART TWO** - *Parent's request/approval*

I hereby request and grant permission for School District #24 school personnel to dispense medication to my daughter/son according to the above instructions. I further waive any claims against the School District, members of the Board of Education, its employees, and agents arising out of the administration of said medication and agree to hold harmless and indemnify the School District, the members of the Board of Education, its employees and agents, either jointly or severally, from and against any and all liability, claims demands, damages, or causes or action or injuries, costs, and expenses, including attorney's fees, resulting from or arising out of the administration of medication.

Parent Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_