

**LAKE FOREST HIGH SCHOOL  
1285 N. MCKINLEY RD.  
LAKE FOREST, IL 60045  
RETURN TO THE NURSES OFFICE.**

Nurse Office Direct Line: 847-582-7335  
Health Attendant Office: 847-582-7476

**Fax: 847-810-1399**

**SCHOOL MEDICATION AUTHORIZATION FORM  
(Prescription and Non-Prescription)**

**To be completed by the student's physician**

Student's name: \_\_\_\_\_

\_\_\_\_\_ Birth Date

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

\_\_\_\_\_ Phone No.

Grade: \_\_\_\_\_

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

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature of Physician: \_\_\_\_\_

Telephone: \_\_\_\_\_

**To be completed by the student's parent or guardian**

I, \_\_\_\_\_, parent or guardian of

\_\_\_\_\_ hereby authorize Lake Forest Community High School District 115 and its employees and agents to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School district), prescribed medication in the manner described above. I will be responsible for bringing and removing all prescription and non-prescription medications in its original container labeled by the pharmacy. I also authorize the school's Nurse to consult with our physician regarding any concerns about this medication.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**NOTE: The parent or guardian will be responsible for bringing and removing all prescription and non-prescription medication in its original labeled pharmacy container. Students will be permitted to carry asthma inhalers, epi-pens and insulin with them provided this form is current and on file in the Health Office.**

**Return to the NURSES OFFICE!**