

**MEDICATION CONSENT FORM**  
**Herscher Community Unit School District 2**

PO Box 504, 501 N Main, Herscher IL 60941 District Office Phone: 815-426-2162/Fax: 815-426-2872

**Bonfield Grade School**  
**Herscher Intermediate School**



**Herscher High School**  
**Limestone Middle School**

I understand that if my child must receive medication at school it may be necessary for a non-certified/non-licensed person to administer it or to assist my child in self-administration of the medication described below.

I also understand that any medication to be taken at school must be brought to school by me in a properly labeled container. Prescription medications must be brought to school in pharmacy labeled containers. Both types of medications must be accompanied by this Medication Consent Form.

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

Physician's name \_\_\_\_\_ Name of Medication \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Directions (Amount and Time) \_\_\_\_\_

This medication: \_\_\_\_\_ can be self-administered (with supervision)  
(check one) \_\_\_\_\_ must be given by school personnel

I also understand it will be my child's responsibility to go to the office where all medication is to be kept to take this medication at the prescribed time.

I understand that the School District has the right and the responsibility to refuse to administer any medication if all proper procedures are not followed.

I give my permission for my child to receive medication at school in compliance with the directions given above.

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

(Physician's Office Use Only)

Date \_\_\_\_\_

Student name \_\_\_\_\_ Diagnosis \_\_\_\_\_

Name of Medication \_\_\_\_\_ Necessity/Benefits of Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Time \_\_\_\_\_ Side Effects \_\_\_\_\_

\_\_\_\_\_ I understand that this medication will be given by school personnel other than a certified school nurse.

\_\_\_\_\_ This medication may be self-administered by the student, with supervision.

Physician's Signature

Date

Office Phone Number

Fax numbers for:

Herscher High School 815-426-2957

Bonfield Grade School 815-936-4125

Herscher Intermediate School 815-426-6862

Limestone Middle School 815-936-4123