



**North Palos**  
School District 117

**North Palos School District 117**  
**7825 W. 103<sup>rd</sup> Street**  
**Palos Hills, IL 60465**

*(Please return signed forms to the nursing office of the school your child attends).*

**Physician Request for Administration of Student Medication  
or Special Procedure by School Personnel**

Medication and special health care procedures may be administered at school by the school personnel when such treatment is necessary for school attendance and cannot otherwise be accomplished. Medication and special health care procedures shall be administered to a student by a school nurse or applicable school district employee as per IL school code.

Medication should be brought to school in the original container appropriately labeled by the pharmacy. Parent/guardian may request the pharmacy to dispense two bottles of medication, one for home and one for school.

Name of Student: \_\_\_\_\_

DOB: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Diagnosis/Condition: \_\_\_\_\_

Name of medication or procedure: \_\_\_\_\_

Dosage, method of administration / instructions, time schedule, frequency:  
\_\_\_\_\_

Side effects, precautions: \_\_\_\_\_

Steps school personnel should follow should the student experience an adverse reaction to the medication:  
\_\_\_\_\_

**Note:** Student's that require an inhaler due to Asthma or an Epi Pen auto-injector due to possible anaphylaxis and are deemed sufficiently responsible, may self carry at school, at a school sponsored-activity, or before or after normal school activities while under supervision of school personnel.

***All physician orders will need to be renewed at the beginning of each school year.***

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

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

\_\_\_\_\_  
**Physician phone number**

\_\_\_\_\_  
**Date**