Please send completed form by:
email: studentfiles@sese.org
Fax: 618-455-3134
Mail: PO Box 185, Ste. Marie, IL 62459

SOUTH EASTERN SPECIAL EDUCATION

PARENT'S REQUEST TO ADMINISTER MEDICATION AT SCHOOL

I hereby request school personnel to administer the following medication to my child, _____. I will hold harmless and save the South Eastern Special Education joint agreement, its Governing Board and employees from and against any and all actions or cause of action, claims, demands and liabilities, loss, damage, or expense whatsoever kind and nature which the Board of the South Eastern Special Education joint agreement, its Governing Board, and employees may at any time sustain or incur by reason and consequence of the administration of medication to my child. I also hereby agree to notify school personnel if there is any change in the medication being requested to be administered, or if my child is exhibiting any symptoms related to the administration of medication other than those designated below.

_____ _____

Date **Parent or Legal Guardian's Signature**

NOTE: School will accept Parent or Guardian signature only. Please have your physician complete the following information and return this form to the school as soon as possible. Please notify us immediately of any changes in medication.

Physician's Request to Administer Medication

Student's Name _____ Date of Birth _____
Physician's Name _____
Physician's Phone _____Physician's Emergency Phone_____
Name of Medication _____
Dosage _____
Route of Administration _____
Frequency and Time of Administration _____
Is it necessary to administer this medication during the school day? _____
Date of Prescription_____Date of Order_____
Discontinuation Date_____
Diagnosis Requiring Medication_____
_____
Intended Benefits of the Medication_____
_____
Possible Side Effects_____
_____
Time Interval for Re-evaluation_____
Name(s) and dosage(s) of other medication(s) the child is receiving:_____
_____
_____

Are there any other problems we should know about, such as seizure disorders, hernia, which would prevent lifting, or any other medical or physical problem of which the school should be aware?

_____
_____
_____
_____

_____ _____

Date **Physician's Signature**