Joseph Academy

1101 Gregory Street, Des Plaines, IL 60016 (847)803-1930 Fax (847)803-8669
1100 N. 22nd Avenue, Melrose Park, IL 60160 (708)345-4500
9003 S. Kostner Avenue, Hometown, IL 60456 (708)952-1100 Fax (708)952-0287
Michael Schack, Executive Director

School Administration Form #1

To be filled out by Parent/Guardian

UPDATE @ ANNUAL REVIEW

Student Name _________________________

Birth Date __________________

I am the Mother/Father/Legal Guardian (please circle one) of the child named above. I give my permission to the Joseph Academy school personnel to supervise the administration of medication as requested by my doctor.

____

Name of Doctor

I will bring the mediation to the school nurse in the container supplied by the pharmacy. *No medications will be accepted in any other container.*

__________________________ ______________________________________

Date

Joseph Academy

1101 Gregory Street, Des Plaines, IL 60016 (847)803-1930 Fax (847)803-8669
1100 N. 22nd Avenue, Melrose Park, IL 60160 (708)345-4500
9003 S. Kostner Avenue, Hometown, IL 60456 (708)952-1100 Fax (708)952-0287
Michael Schack, Executive Director

School Medication Administration Form #2

To be filled out by physician

UPDATE @ ANNUAL REVIEW

Student Name: ___________________________________ Date: _____________________

The above named student has ____
(name of disease or syndrome)

I request that s/he be given the following medication at school: _____ YES _____ NO

Name of Medication: ____

Dosage and time to be given:____

Tablet, liquid or capsule: ____

Desired effects: ____

Side effects: ____

Does this student have any known allergies? _______________________________________

Please describe: ____

Is this student on and other medication? If so, please give medication name, dosage and frequency:

____

____

____

_________________________ ____
Date Signature of Doctor

_______________________________________ _______________________________________
Emergency Phones

____
Address of Doctor

Please send a written medication order along with this form to the attention of the school nurse.