

2019-2020
FLOSSMOOR SCHOOL DISTRICT 161

PHYSICIAN'S AUTHORIZATION AND PERMISSION FOR ADMINISTRATION OF PRESCRIPTION AND OVER-THE-COUNTER MEDICATION FOR OUTDOOR EDUCATION PROGRAM

PARENT'S SECTION:

Student Name: _____ School: _____
Birthdate: _____ Weight: _____
Allergies: _____

PHYSICIAN'S SECTION: Acetaminophen and Ibuprofen (tablets and liquid) will be administered to students who have the following physician orders completed. Additional space is also provided for other medications that may be necessary. **PARENTS: DO NOT FILL OUT THIS AREA!**

Name of Medication #1: Acetaminophen
325 mg. Tab or 160 mg/5ml liquid

Name of Medication #2: Ibuprofen
200mg. Tab or 100 mg/5ml liquid

DOSAGE: _____

DOSAGE: _____

Diagnosis: Fever/pain _____

Diagnosis: Fever/pain _____

Freq./Time of Administration: _____

Freq./Time of Administration _____

Intended Effect of Medication: _____

Intended Effect of Medication: _____

Adverse Effects from Medication: _____

Adverse Effects from Medication: _____

Discontinue Date: End of Outdoor Education _____

Discontinue Date End of Outdoor Education _____

Name of Medication #3: _____

Name of Medication #4: _____

DOSAGE: _____

DOSAGE: _____

Diagnosis: _____

Diagnosis: _____

Freq./Time of Administration: _____

Freq./Time of Administration: _____

Intended Effect of Medication: _____

Intended Effect of Medication: _____

Adverse Effects from Medication: _____

Adverse Effects of Medication: _____

Discontinue Date: _____

Discontinue Date: _____

Physician's name, please print

Date

Physician's Signature

Physician's Phone Number

If your child requires more than 4 medications, please obtain additional forms from the Health Office at school.