

NORTHBROOK SCHOOL DISTRICT



Teaching Learning Caring

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Northbrook, IL 60062
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MEDICATION ADMINISTRATION REQUEST FORM

Date _____

Student's Name _____ Date of Birth _____

School _____ Grade _____ Teacher _____

Name of Medication _____

Dosage _____ Time to be administered _____ Duration _____

Diagnosis/Reason for medication _____

Potential side effects of medication _____

Other medication student is receiving _____

Parent's Request/Approval

I hereby request and grant permission for Northbrook School District 28 school personnel to administer medication to/by my daughter/son according to the above instructions. I understand that administration of medication by school personnel may be performed by an individual other than a registered school nurse, and I specifically consent to such. I further waive any claims against the School District, members of the Board of Education, its employees and agents with the administration or self administration of said medication, and agree to hold harmless and indemnify the School District, the members of the Board of Education, its employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs and expenses, including attorneys' fees, resulting from or arising out of the administration of such medication.

Parent's Signature _____

Parent's Telephone Number _____

Physician's Name _____

Physician's SIGNATURE _____

Consent may be returned by FAX to student's school. FAX NUMBERS:

Junior High: 847-656-1712 Westmoor: 847-504-3810
Meadowbrook: 847-504-3610 Greenbriar: 847-504-3710

Physician's Telephone Number _____

Please send medication in original labeled container.