

Licensed Prescriber Authorization for Medication Administration

Hammitt School
108 E. Willow
Normal, IL 61761

Nurse Phone: 309-451-7274 Nurse Fax: 309-451-7290

_____ Should take the following at school:
(Name of Student) (Birthdate)

1) _____ at _____
(Medication) (dosage) (times)

2) _____ at _____
(Medication) (dosage) (times)

Allergies:

Other medications the student receives:

Prescriber's Signature: _____

Prescriber's Telephone: _____

Date: _____

(This consent is valid for one calendar year from this date).