Hammitt Junior-Senior High School
1500 Fort Jesse Road, Suite A
Normal, IL 61761
Phone: 309-452-1790 Fax: 309-452-1832

Licensed Prescriber Authorization for Medication Administration

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

1) _____ _____ at _____
(Medication) (dosage) (time)

1a) Intended Effect of Medication: _____

1b) Side Effects of Medication: _____

1c) Diagnosis: _____

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2) _____ _____ at _____
(Medication) (dosage) (time)

2a) Intended Effect of Medication: _____

2b) Side Effects of Medication: _____

2c) Diagnosis: _____

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3) _____ _____ at _____
(Medication) (dosage) (time)

3a) Intended Effect of Medication: _____

3 b) S i d e E f f e c t s o f M e d i c a t i o n :
_____

3 c) D i a g n o s i s :
_____

Other medications the student receives:

Prescriber’s Signature:
Prescriber’s Telephone:
Date:
(This consent is valid for one calendar year from this date).

FILENAME \p H:\Licensed Prescriber's Orders 2008-2.doc