

# MARIST HIGH SCHOOL

## NEBULIZER TREATMENT AUTHORIZATION

\_\_\_\_\_  
Student's Name (Last, Middle, First)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

Medications may be administered in school in accordance with Illinois State Law Procedures.

No medication may be administered in school unless both the student's physician and parent/guardian have completed, signed and returned the following to the School Principal or his designee:

X Medical Authorization Form

X Medication in the original labeled container as dispensed (Prescription medication) or the manufacturer's labeled container (Non-prescription medication). The medication label shall contain the student's name, name of the medication, direction for use and date.

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To be Completed by Physician (for prescription medicine)  
or by Parents (for non-prescription medication)

Name of medication \_\_\_\_\_

Specific time(s) and dose(s) to be given at school \_\_\_\_\_

Length of time \_\_\_\_\_

Are there any restrictions? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what and how long? \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Physician

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

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To be Completed by Parent

I, \_\_\_\_\_, give permission for my child to receive the above medication as directed during the school year.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date