

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:

- *Medical Authorization Form*
- *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.*

To be completed by Physician

Name of medication _____

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

Length of time _____

Are there any restriction? _____ **Yes** _____ **No**

If yes, what and how long? _____

Printed Name of Physician

Signature of Physician

Date

To be completed by Parent/Guardian

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

Parent/Guardian Signature

Date

(Return to Health Services)