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Jason Pearson, Ed.D.
SUPERINTENDENT

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DIRECTOR OF STUDENT SERVICES

Medication Administration Request Form

Date: _____
Student's Name: _____ **Date of Birth:** _____
School: _____ **Grade:** _____ **Teacher:** _____

Name of Medication: _____

Diagnosis/Reason for Medication: _____

Dosage: _____ **Time to be Administered:** _____

Duration: _____

Potential Side Effects of Medication: _____

Other Medication(s) 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 their 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: _____

Physician's Telephone Number: _____

Form may be returned in person to the school office or via FAX to the student's school.

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

Please send medication in its original, labeled container.