

**Jonesboro Community Consolidated School District #43**

**309 Cook Avenue**

**Jonesboro, IL 62952**

618-833-5148 (Fax) 618-833-3410

Dr. Wanda Honey, Superintendent

Tom Stark, Principal

***Medication Administration Information***

To Parents:

Our school medication policy states that medications are to be given by the nurse to a student only with the written prescription of a physician and the written request of a parent.

All medications sent to school must be properly labeled by the pharmacy that dispenses the medication, with the name of the student, name of the physician, name of the medication, dosage and time to be dispensed.

Over the counter medications (Tylenol, Ibuprofen, cough Syrup etc.) must be in the original package/bottle and a written prescription from the physician, to dispense to your child.

Please complete this form and return it to the school nurse. This information needs to be on file before any medications can be given to your child during school. All information will be kept confidential.

Thank you,

Jonesboro School Nurse

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Name of Student \_\_\_\_\_ DOB \_\_\_\_\_  
Medication \_\_\_\_\_ Diagnosis \_\_\_\_\_  
Dosage \_\_\_\_\_ Time \_\_\_\_\_ Start Date \_\_\_\_\_ Stop Date \_\_\_\_\_  
Allergies \_\_\_\_\_ Medication Reactions \_\_\_\_\_  
Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

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I am requesting the school nurse to give the above medication to my child.  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_