

# NORTHBROOK ELEMENTARY SCHOOL DISTRICT 28

(847) 498-7900      1475 MAPLE AVENUE, NORTHBROOK, ILLINOIS 60062      (847) 498-7970 (FAX)

Larry A. Hewitt, Ed.D  
SUPERINTENDENT OF SCHOOLS

## MEDICATION ADMINISTRATION REQUEST FORM

Date \_\_\_\_\_

Student's Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Time to be administered \_\_\_\_\_

Diagnosis/Reason for medication \_\_\_\_\_

Other medications being taken \_\_\_\_\_

School personnel has permission to supervise this child  
in taking the medication as indicated above

Parent's Signature \_\_\_\_\_

Parent's Telephone Number \_\_\_\_\_

Physician's Name \_\_\_\_\_

**Physician's SIGNATURE OR FAXED CONSENT** \_\_\_\_\_

FAX NUMBERS – Junior High: 847-656-1712      Westmoor: 847-504-3810  
Meadowbrook: 847-504-3610      Greenbriar: 847-504-3710

Physician's Telephone Number \_\_\_\_\_

**Please send Medication in original labeled container.**