



Physician Authorization Form

Authorization of Prescription Medication

PARENT DIRECTIONS: Disregard if your child **does not** take medication. If your child **DOES** takes medication, send this form to your child's physician for completion. Contact the facility and ask for their desired delivery method such as: in person, email, or fax. For questions, contact ISD Health Center via: phone 217-479-4282 or email: Kari.Pratt@illinois.gov.

PHYSICIAN DIRECTIONS: Complete the below information and have the physician sign the document. Once completed, **submit the form via email: Kari.Pratt@illinois.gov or fax: 217-479-4333.**

Student's Name

Date of Birth

Medication/ Health Care Treatment

Dosage

Time to be administered

Intended effect of this medication

Expected side effects, if any

Other medications student is taking

Student may self-administer medication under the supervision of the Health Center Nurse or school staff.

Prescriber's signature

Date signed

DEA #