



BUTLER COLLEGE PREP

NOBLE STREET CHARTER SCHOOL

PHYSICIAN REQUEST FOR SELF- ADMINISTRATION OF MEDICATION

Name of Student

Birth Date

ID Number

Address

(_____)_____
Telephone Number

Zip Code

The above name student has _____
Name of Disease or Syndrome

I am requesting that the above named student take the following medication during school hours:

Name of Medication

Type of Medication (Tablet, Liquid, Capsule or Inhaler)

Dosage

Time(s) to be taken

Possible Side Effects

I certify that the student named above has been instructed in the use and self-administration of above medication. The phone number where I may be reached in the event of a reaction to the medication or an emergency is:

Print Name of Physician

Signature of Physician

Address

(_____)_____
Phone Number

Date

I acknowledge that Noble Street Charter School- **Butler College Prep** and its employees and agents are to incur no liability, except to willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the above named student. The student understands the need for the medication, and the necessity to report to school personnel any unusual side effects. He/she is capable of using this medication independently.

Parent Signature

Date

Student Signature

Date

Form (G)



BUTLER COLLEGE PREP

NOBLE STREET CHARTER SCHOOL

PARENT REQUEST FOR SELF-ADMINISTRATION

Name of Student

Birth Date

ID Number

Address

(_____)_____
Telephone Number

Zip Code

I (Parent/Legal Guardian) of the above named student give my permission to the school office to monitor my child's self-administration of the following medication:

Signature of Parent/Guardian

Date

Work Phone Number

Home Phone Number

I acknowledge that Noble Street Charter School- Butler College Prep and its employees and agents are to incur no liability, except to willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the above named student. The student understands the need for the medication, and the necessity to report to school personnel any unusual side effects. He/she is capable of using this medication independently.

Parent Signature

Date

Student Signature

Date

Form (H)

Butler College Prep

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