



Brother Rice High School

"Act Manfully in Christ Jesus"

SCHOOL YEAR: _____

Graduation Class: _____

NEBULIZER AUTHORIZATION

Student's Name (Last, Middle, First) _____

Date of Birth _____

Date _____

Medications may be administered in school in accordance with Illinois State Law Procedures.

No medication may be administered in school unless both the student's physician and parent/guardian have completed, signed and returned the following to the School Principal or his designee:

- X Medical Authorization Form
- X Medication in the original labeled container as dispensed (Prescription medication) or the manufacturer's labeled container (Non-prescription medication). The medication label shall contain the student's name, name of the medication, direction for use and date.

To be Completed by Physician (for prescription medicine)

Name of medication _____

Specific time(s) and dose(s) to be given at school _____

Length of time _____

Are there any restrictions? _____ Yes _____ No

If yes, what and how long? _____

Printed Name of Physician _____

Signature of Physician _____

Date _____

To be Completed by Parent

I, _____, give permission for my child to receive the above medication as directed during the school year.

Parent/Guardian Signature _____

Date _____