

Jonesboro Community Consolidated School District #43

309 Cook Avenue, Jonesboro, IL 62952

Jackie Plott RN, School Nurse, jplott@jonesboro43.com

Phone: 618-833-5148. Nurse fax: 618-833-8612

Medication Administration Permission Form

To Parents/ Guardians:

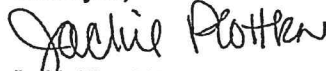
Our school medication policy states that medications are to be given by the nurse to a student only with the written prescription of a physician and the written request of a parent.

All medications sent to the 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. A written prescription from the physician must be on file to dispense the medication of 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,



Jackie Plott RN
Jonesboro CCSD #43
School Nurse

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Name of Student _____

DOB _____

Medication _____

Diagnosis _____

Dosage _____ Time _____ Start Date _____ Stop

Date _____

Allergies _____ Medication

Reactions _____

Physician Signature _____

Date _____

.....
I am requesting that the school nurse give the above medication to my child.

Parent Signature _____

Date _____