Physician and Parent Medication Information/ Authorization (Part One)

THIS FORM MUST BE COMPLETED EVERYTIME THERE IS A CHANGE IN MEDICINE EITHER AT HOME OR AT SCHOOL.

It is very important that school personnel are kept informed about any medications that your child takes and that our records are kept current.

1. The child's physician must complete their authorization below.
2. Medication/s must come in a prescription labeled container.
3. Medication/s cannot be given on an "AS NEEDED" basis.

Child's Name

No medication is needed.

Medication/s are only required at home, please list all medications below.

Medication/s are required at home and AT SCHOOL, see below for instructions.

Name of Medication	Taken at *School or Home	Dosage	*Time(s) Taken	How is the medication taken?	Purpose of medication
	☐School ☐Home				
	☐School ☐Home				
	☐School ☐Home				
	☐School ☐Home				
	☐School ☐Home				
	☐School ☐Home				

*We cannot give medication on an "as needed" basis. **We must have a written order from the physician**.
I authorize Little Friends Certified Staff to administer the above medication to my child.

Parent/Guardian Signature Date

For Medication Taken at School: Physician Authorization

Physician's Name Phone

Side effects to be look out for, and/or other drugs or food NOT to be taken while using any of the above medicine?

How will this child's medication be monitored/follow up?

Physician Signature (Page 1 of 2) Date

Physician and Parent Medication Information/ Authorization (Part Two)

THIS FORM MUST BE COMPLETED EVERYTIME THERE IS A CHANGE IN MEDICAL INFORMATION.

Please return to LFI Schools via email at:
regsitration@lilfriends.com or by mail or fax

27555 Diehl Rd. Warrenville, IL
Phone (630) 355-6870 Fax (630) 281-6937

Child's Name

Birthdate

Medical History

Does your child have the following:

Seizures	☐ YES ☐NO	Uses medication to stop seizures ☐YES ☐NO Medication Name:
Diabetes	☐YES ☐NO	Uses Insulin Pump ☐YES ☐NO Uses Insulin Injections ☐YES ☐NO Additional Notes:
Asthma	☐YES ☐NO	Uses Inhaler ☐YES ☐NO If yes, when is it needed, generally:
Allergies	☐YES ☐NO	☐Environmental ☐Medication ☐Food Uses Epi Pen ☐YES ☐NO List Allergies:

If any of the above conditions have been indicated as a 'yes,' the school nurse will reach out to parents/guardians to complete an additional action plan.

Please provide contact information for follow-up:

Child's Medical Diagnosis____

Additional Information School Staff and Emergency Personnel Should Know:

____ ___________________

Physician Signature (Page 2 of 2) Date