

EAGLE RIDGE SCHOOL
2002 EAGLE RIDGE DRIVE
SILVIS, IL 61282-1779
PHONE: 309-792-2002

2008 –2009 STUDENT MEDICATION FORM
FAX 309-792-2244

Date: _____

Attn: Physician's Office

Please complete this form and fax it to our office so that we can better serve your patient, _____.

Dr. James Minick
Superintendent

Child's Name _____ Grade _____

Diagnosis _____

Medication _____

Dosage to be given at school _____ Time

_____ Amount

Special Instruction: _____

Physician's Signature

I hereby give Carbon Cliff-Barstow School District # 36 permission to administer or supervise the taking of the above medication by my child.

Date

Parent/Guardian Signature