



ST. PHILIP LUTHERAN SCHOOL  
2500 W. BRYN MAWR  
CHICAGO, IL 60659  
**2024-2025 School Year**

## Permission for Use of Medicine

Dear Parent,

The Department of Health of the City of Chicago has requested that we utilize the attached physician and parental medication authorization forms.

Please have your physician complete this form whenever your child may need medication administered by the staff of St. Philip Lutheran School, this includes over-the-counter medication.

We will be unable to administer any medication unless this form accompanies the medication, NO EXCEPTIONS WILL BE MADE.

In addition, please note the section, "Indication for Medication". This section requires that your physician diagnose the illness for which he/she is prescribing the medication.

Thank you for your cooperation and understanding of this procedure. If you have any questions regarding this form, please discuss it with me.

Sincerely

Donna Tennis [Principal]

**Permission for Use of Medication**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Indication for Medicine: \_\_\_\_\_

Undesirable Side Effects: \_\_\_\_\_

May Return to School.....Indicate When: \_\_\_\_\_

Signature of Attending M.D.: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Person in Charge of Medication: \_\_\_\_\_