

# SCHOOL DISTRICT NO. 87 • COOK COUNTY

## Health Services

Jefferson School Health Office  
Phone: (708) 449-3583  
Fax: (708) 649-3046

Assistant Superintendent for Special Services  
Evan Whitehead  
Phone: (708) 449-3361  
Fax: (708) 547-3074

Riley School Health Office  
Phone: (708) 449-3612  
Fax: (708) 547-2541

Sunnyside School Health Office  
Phone: (708) 449-3444  
Fax: (708) 649-3770

Mac Arthur School Health Office  
Phone: (708) 449-3266  
Fax: (708) 547-7592

Northlake School Health Office  
Phone: (708) 449-3741  
Fax: (708) 547-2548

Whittier School Health office  
Phone: (708) 449-3882  
Fax: (708) 547-3313

### PHYSICIAN'S INFORMATION

School	Superintendent's signature/approval	Date
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Berkeley School District #87 requires that a written order from a licensed physician be provided if prescription and non-prescription medication administration is to be supervised by certified district personnel. The following information is needed:

1. Child's name \_\_\_\_\_
2. Health impairment \_\_\_\_\_
3. Name of medication \_\_\_\_\_
4. Dosage \_\_\_\_\_
5. Time interval in which medication is to be taken \_\_\_\_\_
6. Commencement date of drug therapy \_\_\_\_\_
7. Expiration date of drug therapy \_\_\_\_\_
8. Expiration date of Prescription \_\_\_\_\_
9. Is the medication necessary during the school day? YES \_\_\_\_\_ NO \_\_\_\_\_
10. Benefits of the medication \_\_\_\_\_
11. Possible side effects or reactions \_\_\_\_\_
12. Emergency number where physician can be reached \_\_\_\_\_ - \_\_\_\_\_
13. May the medication be safely self-administered by the above named student? YES \_\_\_\_\_ NO \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Physician - printed/stamp \_\_\_\_\_

hform 303, 12/96

Please return to the student's school of attendance as soon as possible. Thank you.



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"GOOD SCHOOLS ARE A COMMUNITY ASSET"