



ST. PHILIP LUTHERAN SCHOOL
2500 W.BRYN MAWR
CHICAGO, IL 60659

2025 - 2026 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: _____