



# WILMINGTON SCHOOL DISTRICT NO. 209-U

209U Wildcat Court • Wilmington, Illinois 60481-4500

## MEDICATION PERMISSION FORM

**JAY PLESE**

*Superintendent*

(815) 926-1751

Fax (815) 926-1692

**MATTHEW SWICK**

*Curriculum Coordinator*

(815) 926-1751

Fax (815) 926-1692

**LARRY MACARI**

*Business Official*

(815) 926-1751

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**Wilmington High School**

209 Wildcat Court

Wilmington, Illinois 60481-4500

**JOSEPH HERMES, Principal**

**JEFFREY REENTS, Assistant Principal**

(815) 926-1752

Fax (815) 926-1691

Athletic Fax (815) 926-1695

**Wilmington Middle School**

715 S. Joliet Street

Wilmington, Illinois 60481-1494

**JOSEPH PACETTI, Principal**

**BETH NORMAN, Assistant Principal**

(815) 476-2189

Fax (815) 476-1941

Athletic Fax (815) 476-1941

**L.J. Stevens Intermediate School**

221 Ryan Street

Wilmington, Illinois 60481-1490

**KEVIN FEENEY, Principal**

(815) 476-7424

Fax (815) 476-4406

**Bruning Elementary School**

1910 Bruning Drive

Wilmington, Illinois 60481-1710

**VENITA DENNIS, Principal**

(815) 926-1683

Fax (815) 476-0130

**BOARD OF EDUCATION**

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

Dear \_\_\_\_\_  
(School Name)

The parents of \_\_\_\_\_ request he/she be given medication prescribed by me at school. In order for this to be done, I understand a written order is necessary.

Medication & Dose \_\_\_\_\_

Time/times medication is to be given at school \_\_\_\_\_

Length of time medication to be given \_\_\_\_\_  
(After length of time has expired, medication needs to be picked up or it will be disposed of)

Condition requiring medication \_\_\_\_\_

Expected effects of medication \_\_\_\_\_

Side effects to be observed for \_\_\_\_\_

I authorize the appropriate school personnel to administer the above medication to the client as listed on this form.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date