

**CRYSTAL LAKE PARK DISTRICT
Extended Time Medication Form
(Request to Administer Medication)**

It is our policy that (RX.) prescription and (OTC) over the counter medication should be administered in the home when at all possible. However, under certain conditions, it is in the best interest of the child to take prescribed or OTC medication during Extended Time. In these cases, the doctor must direct that prescription or OTC medication be given during Extended Time hours. The request below must be on file in the Park District Administrative Office with both the doctor and the parent(s) signature directing the administration of the medication. The medicine must be brought to Extended Time by a responsible adult in the original container that included all prescription or OTC information. The parent(s) MUST assume responsibility for informing the park district (in writing) of any change in the child's health or change in medication. The prescribed or OTC medication will be kept in the Extended Time Lock Box and the student is responsible for coming to take the medication.

THE FOLLOWING MUST BE COMPLETED BY THE ATTENDING PHYSICIAN.

Student _____ Parent Name _____

Address _____ School _____ Grade _____

Medication _____ Dosage _____

Time of administration _____ AM _____ PM

Side effects _____

Number of days to be given _____ From _____ to _____
(date) (date)

Reason for medication prescribed _____

Physician Signature _____ Date _____

Physician Phone # _____



I hereby state that the information above is accurate and consent to the administration of the medication by designated school/park district personnel, as directed above.

Parent/Guardian Signature _____ **Date** _____

Home Phone # _____ **Work Phone #** _____