

Perandoe District Office
1525 Locust Street
Red Bud, IL 62278
Tel: 618.282.6251
Fax: 618.282.6880



Perandoe Educational Program (PEP)
500 West South 4th St, Suite A
Red Bud, IL 62278
Tel: 618.282.7228
Fax: 618.282.0809

Chad Stolte
Principal

Kathleen Trantham Hopkins
Executive Director

Cheryl Ebers
Assistant Director

PERANDOE EDUCATIONAL PROGRAM

Medication Dispensation Form

All medications, including non-prescription drugs such as Tylenol, Motrin, Benadryl, Tums, etc. will NOT be administered during school hours unless your child's physician has prescribed it & the form below has been completed.

All medication(s) must be sent in the original bottle with the student's name & exact count attached.

If you have any questions regarding this policy, please consult with the principal or nurse.

I request that _____ be given the following
(Student's Name) (Grade) (Date of Birth)

medication during school hours as prescribed by his/her physician. I also authorize, as needed, the sharing of information related to my child's health between the school nurse & the health care provided listed below. I understand that it may be necessary for the administration of medication be performed by an individual other than the school nurse, and specifically consent to such practice.

(Parent's Signature) (Parent's Printed Name) (Phone Number)

To be completed by the physician

Name of Medication: _____ Dosage & Route _____

Frequency/Time to be Given: _____

Diagnosis/Reason for Medication: _____ Possible Side Effects: _____

Intended Effect of Medication: _____

Other Medication(s) Student is Receiving: _____

(Physician's Phone Number) (Address of Physician's Office)

(Physician's Printed Name) (Address of Physician's Office)

(Physician's Signature) (Date)