

Limestone Walters School

Mr. Tim Dotson  
Superintendent  
8223 W. Smithville Road  
Peoria, IL 61607

**Complete ONLY IF you will be supplying medication to be taken at school;  
including Inhaler, Epi-Pen &/or Cough Drops.**

Telephone 309-697-3035  
Fax 309-697-9466

The school office must be informed of **ALL** medications, including cough drops and inhalers, and all medications must be kept at the office with a copy of this form for each. Forms must be updated annually.  
*Upon parent request, children may carry their emergency inhaler with them at school.*

**Request to Administer Medication**

**The School District retains the discretion to reject requests for administration of medicine.**

**Note:** A new form must be filled out each time a medicine or dosage is changed. Please send all medications in their original package.

**Student's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Reason for Medication** \_\_\_\_\_

It is required that this medicine be given during school hours for the comfort and convenience of this child.

**Name of Medication** \_\_\_\_\_

**Dosage** \_\_\_\_\_

**Time to be given** \_\_\_\_\_

**Specific Directions** \_\_\_\_\_

**Possible Side Effects** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's Name (print)** \_\_\_\_\_

**Phone Where Parent Can Be Reached** \_\_\_\_\_