Medication Authorization Form

Evanston Township High School District 202

1600 Dodge Av

(Please print clearly in black ink)

For school use only:	
Medication:	
Exp. Date:	

ETHS Health Service Office (N100) **Lisa Walter, RN, CSN**

Phone 847-424- -424-7254

PHYSICIAN/NP/PA ORDER

Student Information

Student Name:		**Date of Birth:**_____/_____/_____

Medication: **Dosage/Route**

Health Service, N100
(847) 424-7260
(847) 424-7254 Fax

EVANSTON TOWNSHIP HIGH SCHOOL
1600 Dodge Avenue
Evanston, Illinois 6020