Medication Authorization Form

Evanston Township High School District 202

1600 Dodge Avenue • Evanston, Illinois 60201

(Please print clearly in black ink)

For school use only:	
Medication:	
Exp. Date:	

ETHS Health Service Office (N121)
Phone 847-424-7260 • Fax 847-424-7254

Dr. Michelle Wheeler, DNP, RN, CSN-PEL, CDE

PHYSICIAN/NP/PA ORDER

Student Information					
Student's Name:				**Date of Birth:_______/_____/________**	
Medication:		**Dosage/Route**		**Time&Freq.**	
Medication:		**Dosage/Route**		**Time&Freq.**	

Specific Instructions:

Starting Date:		**Ending Date:**	

Diagnosis for this medication and intended effect:

Is it necessary for this medication to be adb4 1.4BDC q5-(3)11( )-(3)-c[86d1 0 0 1 092

Health Service, N121
(847) 424-7260
(847) 424-7254 Fax

EVANSTON TOWNSHIP HIGH SCHOOL
1600 Dodge Avenue