

PLATO ACADEMY MEDICATION CONSENT FORM

I, the undersigned parent or legal guardian, hereby grant Plato Academy of 733 Lee Street in Des Plaines, Illinois, the authority to obtain medical treatment for the following child:

Name of Child	Birth Date	Allergies

Plato Academy shall have the authorization to:

- obtain medical treatment and procedures for the child(ren), as may be appropriate in emergency circumstances, including treatment by physicians, hospital and clinic personnel, ambulance medics and other appropriate health care providers.
- obtain routine medical treatment from appropriate health care providers if symptoms of illness occur (e.g. fever, coughing, irregular breathing, unusual rashes, swallowing problems, etc.)
- administer medications as follows:

Name of medication	
Amount to be given	
Time to be given	
Other information / Side Effects	

Name of medication	
Amount to be given	
Time to be given	
Other information / Side Effects	

This grant of temporary authority shall begin on the first day of school and end on the last day of school.

Parent/Legal Guardian Printed Name _____

Parent/Legal Guardian Signature _____

Date _____

