

Ogle County Reporting Center
3279 Hwy 251
Rochelle, IL 61068

PARENT/GUARDIAN PERMISSION
AND PHYSICIAN'S ORDER FOR MEDICATION AT REPORTING

As a normal and regular practice, reporting personnel will not administer medication to youth. Youth medicines should be administered at home under parental direction.

In situations when a youth's health will be compromised by not receiving this medication during reporting hours, Ogle County Reporting Center (OCRC) Policy and procedures must be followed for the administration of all medications.

1. The definition of Medication is prescription or non-prescription (over the counter drugs.)
2. Over the counter drugs (non-prescription) will not be given without a physician's order as well as parental permission.
3. Prescribed medication sent to OCRC must be in a pharmacy or physician labeled container with correct name, dose and time for administration. Ask the pharmacist for a second bottle to leave at OCRC. The medication will be kept at the OCRC.
4. It is the parent /guardian's responsibility to transport the medication to the OCRC. Do not send medication with your youth to give to the OCRC staff.
5. Please have your attending physician complete bottom section of the attached form. You are responsible for signing and dating the top portion. **The completed physician's order and parent permission must be on file at OCRC before any medication administration.**
6. If there is a change in the medication, dose or frequency, it is the parent's responsibility to notify OCRC staff immediately. Revised physician orders must accompany the notification.
7. Unused medication shall either be picked up by the parent/guardian or destroyed.
8. OCRC may reject requests for administration of medicine; for example, narcotics will not be administered during reporting hours.

PARENT'S PERMISSION

Date: _____

Youth's Name: _____ Birthdate: _____

Address: _____

Grade: _____ Focus House Nurse: _____

I give permission to the Focus House Nurse, and to those persons whom she has in-serviced, e.g. OCRC Coordinator, OCRC staff to administer the medication(s) identified to the above named youth.

Parent/Guardian Signature _____

Phone (Home/Cell) _____ (Work) _____

8/31/17

PHYSICIAN'S ORDERS: (Please itemize drugs separately)

1. Medication _____
 Dose: _____ Time: _____
 Diagnosis: _____
 Side Effects: _____

2. Medication _____
 Dose: _____ Time: _____
 Diagnosis: _____
 Side Effects: _____

3. Medication _____
 Dose: _____ Time: _____
 Diagnosis: _____
 Side Effects: _____

Physician's Signature _____

Date _____ Phone Number _____