

**Newark Community Consolidated School
District # 66**

Newark Grade School
503 Chicago Road
Newark, Illinois 60541
Phone 815-695-5143
Fax 815-695-5776
Diane Cepela, Superintendent

Millbrook Jr. High
8411 Fox River Drive, P.O. Box 214
Millbrook, Illinois 60536
Phone 630-553-5435
Fax 630-553-1027
Demetra Turman, Principal

**Authorization and Permission for Administration of Medication
(For Use of Prescription and Over-the-Counter Medication)**

Student's Name (Last, First, MI)	Birthdate	Grade Level	Date
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School medications and health care services are administered following these guidelines:

- *Physician/Prescriber signed dated authorization to administer the medication.*
- *The medication is in **the original labeled container** as dispensed or the manufacturer's labeled container.*
- *The medication label contains the student name, mane of the medication directions for use and date.*
- *Annual renewal of authorization and immediate notification, in writing, of changes.*

Physician Authorization:

Medication/Treatment	Dose	Time to be administered
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Please list other medication and additional information:

Circle One: Discontinue Re-evaluate Follow-up date: _____

Prescriber's Signature	Date Signed	Prescriber's Name (Print)
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Prescriber's Phone Number	Prescriber's Address
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Parental Permission:

I acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so, or in the event of a medical emergency, I hereby authorize Newark Grade School District 66 and its employees and agent, on my behalf and in my stead, to administer, or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agent of the school district), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices. I further acknowledge and agree that when the lawfully prescribed medication is so administered or attempts to be administered, I waive any claims I might have against Newark Grade School District 66, its employees, and agent arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify NGSD 66, its employees and agent, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent Signature	Phone number and alternate phone number	Date
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