

**OUTDOOR EDUCATION MEDICATION PERMISSION
NAPERVILLE SCHOOL DISTRICT 203**

STUDENT'S NAME: _____ PHONE: _____

ADDRESS: _____ GRADE: _____ SCHOOL: _____

I hereby request that Naperville School District 203/Camp Manitoqua employees administer or supervise the administration of medication to my child in accordance with the routine described under the Guidelines for the Administration of Medication in Naperville School District 203.

I hereby release Naperville Community Unit School District 203/Camp Manitoqua employees, administrators or other parties from any liability for any injury or harm which is suffered by _____ as a result of the agreement to honor this request. I agree to indemnify and hold harmless the Naperville School District/Camp Manitoqua from any legal action or other attempts to acquire compensation, including damages and legal and medical fees, whenever these entities have acted in accordance with the information provided by my child's physician.

PARENT/GUARDIAN SIGNATURE DATE

For Staff Use Only				
M	T	W	Th	F
Name of Medication _____				
Dosage _____ Times Taken _____				
Reason for Medication _____				
Name of Medication _____				
Dosage _____ Times Taken _____				
Reason for Medication _____				
Name of Medication _____				
Dosage _____ Times Taken _____				
Reason for Medication _____				
Name of Medication _____				
Dosage _____ Times Taken _____				
Reason for Medication _____				

PHYSICIAN'S SIGNATURE / LICENSED PRESCRIBER'S NAME DATE PHONE

PHYSICIANS: PLEASE VOID OUT UNUSED SPACES