

**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 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 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	_____					
Name of Medication	_____					
Dosage	_____ Times Taken _____					
Reason for Medication	_____					

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

PHYSICIANS: PLEASE VOID OUT UNUSED SPACES