

3250 N. Arlington Heights Road, 200 Wing Arlington Heights, IL 60004 p 847.588.0463 (press 2) f 847.588.0374



3250 N. Arlington Heights Road, Suite 150 Arlington Heights, IL 60004 p 847.588.0463 (press 1) f 224.735.3075

AUTHORIZATION TO ADMINISTER MEDICATION

This form must be signed by physician AND parent/guardian.

			Date of Birth:			
Last	First	First Nickname		Date of Admission:		
PRESCRIPTION MEDICATION TO BE ADMINISTERED AT SCHOOL						
	Medication Name			Dosage	Time & Frequency	
TO BE	Intended Effect of Medication:					
COMPLETED						
	Specific Instructions:					
BYTHE	Common Side Effects:					
PHYSICIAN	Medication is for:					
	OVER-THE-COUNTER MEDICATION (as needed)					
	☐ Ibuprofen (i.e., Advil, Motrin)		Dosage: 200 mg every hours			
	☐ Acetaminophen (i.e., Tylenol)		Dosage: 500 mg every hours			
	☐ Calcium Carbonate (i.e.,	Γums)	Dosage:	Dosage:1,000 mg every hours		
	☐ Antihistamine (i.e., Benadryl)		Dosage: 25 mg every hours			
	Dhysisian Nama					
	Physician Name:					
	(please print)					
	(please print) Address:					
PHYSICIAN						
PHYSICIAN AUTHORIZATION	Address:					
	Address: Phone Number:					
	Address:	/ /	Date to Disc	ontinue:	/ /	
	Address: Phone Number: Physician Signature:		Date to Disc (1 year maximu		/	
	Address: Phone Number: Physician Signature: Start Date: I hereby request and grant permiss.		(1 year maximu personnel to admi	m) nister medication		
	Address: Phone Number: Physician Signature: Start Date: I hereby request and grant permiss the instructions from the physician individual other than a certificated	given above. I understand t and/or registered nurse, and	(1 year maximu personnel to admi hat administration I specifically con	nister medication by school person sent to this. I furt	nel may be performed by an her waive any claims against	
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All medications are administered following these guidelines:

- Physician/Prescriber signed/dated authorization to administer medication.
- Parent signed/dated authorization to administer medication.
- The prescription is in the original labeled container as dispensed or the manufacturer's labeled container. (OTC will be provided by NewHope.)
- The prescription label contains the student name, name of the medication, and directions for use and date.
- Annual renewal of authorization and immediate notification, in writing, of changes.