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AUTHORIZATION TO ADMINISTER MEDICATION 2018-19

Student Name: _____ Date of Birth: _____
Last First Nickname

This form must be signed by physician AND parent/guardian.
Please use the Allergy or Asthma Medication Authorization form for Inhalers and/or EpiPen®.

TO BE COMPLETED BY THE STUDENT'S PHYSICIAN

OVER-THE COUNTER MEDICATION (AS NEEDED)

Physician must indicate the following over-the-counter medication **authorized to be taken as needed.**

- Ibuprofen (i.e., Advil, Motrin)
 - Tums (Calcium Carbonate)
 - Acetaminophen (i.e., Tylenol)
 - Benadryl (Antihistamine)
- Indicate dose: _____

PRESCRIPTION MEDICATION TO BE ADMINISTERED AT SCHOOL

Medication Name	Dosage	Time & Freq.

Specific Instructions:

Common side effects:

Physician Name: _____ Phone Number: _____
(please print)

Address: _____

Physician Signature: _____ Date: ____/____/____

PARENT/GUARDIAN AUTHORIZATION

I hereby request and grant permission for NewHope Academy personnel to administer medication to my daughter/son according to the instructions from the physician given above. I understand that administration by school personnel may be performed by an individual other than a certificated and/or registered nurse, and I specifically consent to this. I further waive any claims against NewHope Academy, its staff, and agents arising out of the administration or self-administration of said medication, and agree to hold harmless and indemnify NewHope Academy, its staff and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes or action or injuries, costs, and expenses, including attorneys' fees, resulting from or arising out of the administration or self-administration of medication.

_____/_____/_____
Date Parent/Legal Guardian (Signature) Daytime Phone Number

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 NHA.)
- 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.