SCHOOL NURSE AUTHORIZATION FOR ADMINISTRATION OF PRESCRIPTION AND OTC MEDICATION

RECOMMENDATIONS ARE EFFECTIVE FOR THE CURRENT SCHOOL YEAR ONLY AND MUST BE RENEWED ANNUALLY

The following section is to be completed by the PARENT/GUARDIAN:

_____

Student's Name DOB Grade

I request that my child be assisted in taking the medication described below at school by the School Nurse or other individuals authorized to administer medication to students in school pursuant to N.J.A.C:.6A:16-2.3. I understand the ultimate responsibility for administration of the medication is mine, and I am fully aware that the duties of the school nurse and others may require their presence at another location at the time that the medication is needed. I understand that the school district, agents and its employees shall incur no liability as a result of any condition or injury arising from the administration or lack of administration of the medication prescribed on this form. I indemnify and hold harmless the School District, its agents and employees against any claims arising out of administration or lack of administration of this medication.

_____ _____ _____

Parent/Guardian Signature Telephone Date

The following section is to be completed by the Medical Provider:

Name of medication: _____

Dosage: _____ Route: _____Administration Time: _____

If medicine is be given "PRN", describe indications: _____

When can the "PRN" medicine be repeated? _____

****PLEASE CHECK THE APPROPRIATE OPTION WHEN A PARENT/NURSE IS UNABLE TO ATTEND A CLASS TRIP**

_____ The prescribed dose can be withheld on the day of the class trip.
_____ The time to be given can be adjusted with the parent/guardian.

_____

Physician's Name Signature Date

Office Stamp:

This form must be individually completed for **all medications**.
Medications are to be brought to school by the parent in the **original container**, labeled appropriately by the pharmacy or in the original box if an OTC medication.
All medications **will be kept** in a locked storage area.
It **may not** be possible to administer daily medication on half session days, early dismissal days or delayed opening days at the prescribed time. Parent/guardian will be notified if the medication could not be given to the student.

v042012