

PERMISSION TO ADMINISTER MEDICATION

New Jersey State Law prohibits the School Nurse from administering medication to students without written permission of the parent/guardian, and without written instruction from the student's physician.

Medication must be brought to school in the original prescription bottle, properly labeled by a registered pharmacist.

The school nurse administers all medications unless otherwise indicated in the physician's orders, however, **no medication may be administered until this form is completed and returned to the child's school nurse.**

Physician's Request for Administration of Prescribed Medication(s) at School

Student: _____ DOB: ____/____/____

Name of Medication(s): _____ Dosage: _____

Purpose of Medication(s): _____

Specific time(s) to be administered at school: _____

Duration of time medication(s) to be administered: _____

Possible Side Effects: _____

Any Restrictions: _____

Print Name of Physician

Physician's Signature

(_____) _____ - _____
Physician's Phone Number

_____/_____/_____
Date

Parent's Request for Administration of Medication in School

I requested that my child _____ receives the medication(s) as prescribed above by

Dr. _____ for the time period indicated.

Parent /Guardian's Signature

_____/_____/_____
Date