

MEDICATION AUTHORIZATION FORM

THE FOLLOWING IS TO BE COMPLETED BY THE PARENT:

STUDENT LAST NAME	FIRST	DOB
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PHYSICIAN NAME	TELEPHONE
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I REQUEST THAT MY CHILD BE ASSISTED IN TAKING THE MEDICINE DESCRIBED BELOW, AT SCHOOL, BY AUTHORIZED PERSONS OR PERMITTED TO MEDICATE HERSELF AS AUTHORIZED BY ME AND MY PHYSICIAN (SEE BELOW). I AM AWARE THAT THE SCHOOL, ALL EMPLOYEES OR AGENTS SHALL INCUR NO LIABILITY AS A RESULT OF ANY INJURY ARISING FROM SELF-ADMINISTRATION OF MEDICATION BY THIS STUDENT.

PARENT SIGNATURE	DATE	HOME PHONE	EMERGENCY #
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THE FOLLOWING IS TO BE COMPLETED BY THE PHYSICIAN:

DIAGNOSIS: _____

MEDICATION: _____

FOR: _____ DOSE : _____

TIME: _____ HOW SOON CAN IT BE REPEATED? _____

IF GIVEN "AS NEEDED" DESCRIBE INDICATIONS: _____

LIST SIGNIFICANT SIDE EFFECTS: _____

OTHER INFO: _____

ALLERGIES: _____

PHYSICIAN SIGNATURE	DATE
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ALL FIELDS MUST BE FILLED IN. INCOMPLETE FORMS WILL BE RETURNED. SEE NEXT PAGE FOR ADDITIONAL INFORMATION.

IMPORTANT NOTIFICATION TO PARENTS

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SCHOOL HEALTH POLICY REQUIRES WRITTEN AUTHORIZATION FOR INSCHOOL ADMINISTRATION OF ANY MEDICATION, INCLUDING OVER-THE-COUNTER MEICATIONS (OTC) SUCH AS TYLENOL AND COUGH/COLD REMEDIES.

ALL MEDICATIONS MUST BE SUPPLIED BY THE PARENT / GUARDIAN, AND GIVEN DIRECTLY TO THE SCHOOL NURSE. NO MEDICATIONS WILL BE ACCEPTED BY ANY OTHER STAFF MEMBER.

ONLY ONE MEDICATION PER FORM WILL BE ACCEPTED.

PART A OF THIS FORM MUST BE COMPLETED BY THE PARENT / GUARDIAN.

PART B MUST BE COMPLETED BY THE PRESCRIBING PHYSICIAN.

ALL FIELDS ARE REQUIRED FIELDS.

INCOMPLETE FORMS WILL NOT BE ACCEPTED.

ALL MEDICATIONS MUST BE KEPT AND TAKEN IN THE HEALTH OFFICE. ONLY INHALERS, EPI-PENS, AND DIABETIC MEDICATIONS/SUPPLIES SHOULD AND MUST BE CARRIED BY THE STUDENT.

ALL MEDICATION MUST BE IN THE ORIGINALLY LABELED PHARMACY CONTAINER. THIS CONTAINER WILL BE SECURED IN THE HEALTH OFFICE IN THE REQUIRED MANNER. OTC MEDS MUST BE IN AN UNOPENED CONTAINER, AND THE SCHOOL NURSE WILL OPEN IT THE FIRST TIME.

OPEN CONTAINERS AND EXPIRED MEDS WILL NOT BE ACCEPTED.

NO STUDENT MAY HAVE IN THEIR POSESSION, AT ANY TIME, ANY MEDICATION THAT DOES NOT HAVE THE REQUIRED DOCUMENTATION ON FILE, IN THE HEALTH OFFICE. THIS INCLUDES OTC AS WELL AS PRESCRIPTION.

NJ STATE LAW.

IT IS THE RESPONSIBILITY OF THE PARENT / GUARDIAN, TO KEEP THE HEALTH OFFICE INFORMED, IN WRITING, OF ANY AND ALL CHANGES IN MEDICATION AND HEALTH STATUS OF THE STUDENT.

ALL MEDICATION MUST BE RETRIEVED FROM THE HEALTH OFFICE ON THE LAST DAY OF SCHOOL. NO MEDICATION WILL BE STORED OVER THE SUMMER. ANY MEDICATION NOT PICKED UP BY THAT DAY, WILL BE DISPOSED OF, IN THE REQUIRED MANNER.