

CALDWELL-WEST CALDWELL PUBLIC SCHOOLS

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

New Jersey law requires a physician's written order and parent/guardian authorization for administration of any medication (prescription or over the counter). Only the school nurse or parent may administer the medication.

The medication must be in the original prescription container and properly labeled.

The parent/guardian must notify the nurse in writing or over the phone, of the amount of medication provided. The medication will not be dispensed without this verification, whether the initial dose or for subsequent refills.

TO BE COMPLETED BY PHYSICIAN:

NAME OF STUDENT: _____ DATE OF BIRTH: _____

DIAGNOSIS/ILLNESS: _____

MEDICATION: _____

DOSE: _____ FREQUENCY: _____ DURATION: _____

SHOULD BE ADMINISTERED ON EARLY DISMISSAL DAYS: YES _____ NO _____

SPECIAL DIRECTIONS: _____

POSSIBLE SIDE EFFECTS: _____

I certify that the above information regarding this student is correct, and that administration of the medication to this student is necessary.

Signature of Prescribing Physician/Physician Stamp

Date

Physician Address

Physician Phone

PARENT/GUARDIAN AUTHORIZATION:

I authorize the school nurse to administer the above medication.

Parent/Guardian Signature

Date

Daytime Phone