Long Hill Township Public Schools

Authorization for Administering Medication

Dear Parents/Guardians:

The responsibility of administering medication to a child belongs to the parent. In some circumstances, prescription or over the counter medications may be administered by the school nurse if certain requirements are met.

1. The medication is necessary to maintain the child in school.
2. A physician completes the lower portion of this form, including the name, dose, time, and diagnosed need for administration of the medication.
3. Signed authorization by the parent/guardian for the nurse to administer the medication.
4. The medication must be in a closed, prescription labeled bottle from the pharmacy.

Student's name _____ Date of Birth _____
I request that my child be assisted by authorized persons, in taking the medication listed below at school.

_____ _____ _____/_____
Date Parent/guardian signature Home phone Work/cell#

To be completed by the physician:
Diagnosis/symptoms for which medication is given: _____
_____

Medication _____ Dose/route _____ Time_____

If the medication is to be used prn, what are the indications for administration? _____

How soon can student receive another dose?_____

Significant side effects: _____

Length of time student is to take Rx: _____

Physician's stamp_____ Phone#_____

_____ _____
Date Physician's Signature