

Folsom Elementary School

609-561-8666 Ext. 116

Request Authorization for Administration of Medications by School Nurse

- ** A parent or guardian must bring all medication to school.
- ** Students are not permitted to bring any type of medication to school at any time.

New Jersey State Law requires a physician's written order and the parent/guardian's authorization to administer medication in school. Medications must be in a pharmacy- prepared container with prescription label.

Part A: Physician to fill out:

Student Name: _____ DOB: _____

Medication Name: _____

Dose given at school: _____ Dose given at home: _____

Time administered at school: _____ Give on a half day schedule: Yes No

Reason for medication: _____

Any Side effects: _____

Treatment Length: _____

Physician Signature: _____ Date: _____

Part B: **Parent to fill out:**

I request that the above medication, ordered by my physician for my child _____ be administered by the school nurse. I understand that I must supply the school with the prescribed medication in the **original container** dispensed and properly **labeled by a pharmacist** and will provide no more than 30 school day supply. I understand that this medication **will be destroyed** if it is not picked up within one week following termination of the order or one week after the close of school. This authorization form is effective for **this current school year only**.

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____