

ADMINISTRATION OF MEDICATION BY NURSE

Student's Name _____ DOB _____ Grade _____

Diagnosis _____

Name of Medication _____

Date Medication Begins _____ Date Medication Ends _____

Dose _____ Route _____ Frequency _____

Side Effects _____

Name of Health Care Provider (PRINT) _____

Address _____ Phone _____

Signature of Health Care Provider

Date

I authorize the nurse to administer the listed medication to my child who is named in the above section. I understand that the district, school, school nurse, and other school employees shall incur no liability as a result of any injury arising from the administration of the listed medication. I will indemnify and hold harmless the district, school, school nurse, and other school employees against all claims arising from the administration of the listed medication. I consent to the communication between the school nurse and the prescribing health care provider necessary to ensure the safe administration of the listed medication.

Signature of Parent/Guardian

Date

*******EFFECTIVE FOR ONE (1) SCHOOL YEAR*******

INSTRUCTIONS FOR AUTHORIZATION OF MEDICATIONS

Waldwick Board of Education requires the following conditions be met for a student to receive medication in school:

1. Written authorization is required from the student's parent and health care provider to administer any medication in school. This includes all over the counter and prescription medications. A nurse or parent/guardian are the only ones permitted to administer medication in the school setting, unless self-administration is authorized for a life-threatening condition.
2. All medication must be brought to the health office in a current prescription container, appropriately labeled. Medications sent in envelopes and plastic bags **cannot** be accepted.
3. If during the school year the student's health care provider determines medication is no longer required, or the prescription dosage has changed, this information must be sent in writing to the school nurse.
4. If the student has multiple medications, only one form is used for each.
5. The school physician has signed a written order for the administration of **Acetaminophen** and **Ibuprofen**. Therefore, only a parent/guardian signature is required for these two medications. They are available in the health office in pill form. If your child cannot swallow pills, you must provide their own supply of liquid or chewable medication in the original container.
6. This form is valid for **one school year**. A new medication form must be completed and filed every school year.

EFFECTIVE FOR ONE (1) SCHOOL YEAR