

# PEMBERTON TOWNSHIP SCHOOLS

## REQUEST FOR MEDICATION ADMINISTRATION

In accordance with New Jersey State Law 6A: 16-2.1(a) 2, Pemberton Township Board of Education policy states that: **school nurses only** are to administer **any** medication to students. \* This is to be done **only** if medication has been prescribed by the child's physician who has noted diagnosis, medication, dosage and time. This includes any over-the-counter drug. In addition, parent/guardian must sign permission form below and return to the school nurse. The permission form must be updated **every school year**.

Prescriptions must be in properly labeled pharmacy containers: over-the-counter medications must be in the original container and accompanied by a physician's note. Medication should be brought to school and picked up by a designated adult. All medications sent to school will be locked in the nurse's office.

I understand that the district and its employees or agents shall have no liability as a result of any injury arising from the administration of the medication listed below; and shall indemnify and hold harmless the district and its employees or agents against any claims arising out of administration of the medication.

**Do not use this form for students who require inhalers or epi-pens. Special forms have been developed for those medications and they are available from the nurse or on the Helen Fort website.**

Authorization is hereby given for medication to be administered in school to:

Student \_\_\_\_\_ Grade \_\_\_\_\_

Diagnosis \_\_\_\_\_

Medication \_\_\_\_\_

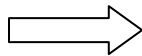
Dosage \_\_\_\_\_ Frequency \_\_\_\_\_ Time to be given \_\_\_\_\_

In the event of school trips, student may skip medication dose for that day

YES \_\_\_\_\_ NO \_\_\_\_\_

Signature of Physician\* \_\_\_\_\_ Date \_\_\_\_\_

Physician's Stamp here:



Physician's Printed Name:

\_\_\_\_\_

Phone # \_\_\_\_\_

--

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of School Nurse \_\_\_\_\_ Date \_\_\_\_\_