Bridgewater-Raritan Regional School District
836 Newmans Lane PO Box 6030, Bridgewater, NJ 08807
Medication Order Form

STUDENT INFORMATION:

Student Name: _____ Birth Date: _____

School: _____Grade: _____

Parent/Guardian Name: _____

Home Address: _____

Parent/Guardian Phone No. Home: _____ Work: _____ Cell: _____

MEDICAL PROVIDER INFORMATION:

Licensed Medical Provider: _____

Address: _____

Phone _____

Physician Stamp

MEDICATION INFORMATION:

Name of Medication: _____ Diagnosis: _____

Start Date: _____ Treatment to be continued until: _____

Route of Administration: _____

Dosage: _____ Frequency: _____

Time(s) of administration: _____

Specific directions for administration: _____

Significant side effects, contraindications, or adverse reactions: _____
_____

I request that the medication, named above, be given to my child. The medical provider explained to me the medication, its purpose and possible complications. I hereby acknowledge that the Bridgewater-Raritan Regional School District shall incur no liability as a result of any injury arising from the administration of this medication and hereby indemnify and hold harmless the Bridgewater-Raritan Regional Board of Education and its employees or agents from any claims arising out of the administration of this medication.

Parent/Guardian Signature_____ Date _____

Medical Provider Signature _____ Date _____

SELF ADMINISTRATION OF MEDICATION (check box and sign if applicable)
Only life-threatening medications designated by New Jersey State regulators may be self-administered.

☐ **I hereby grant consent for the student to self administer the above named medications.**
(Parent/Guardian and the student's medical provider must both sign this section in order for student to self-administer medication.)

Medical Provider Signature _____ Parent/Guardian Signature _____

PLEASE NOTE: *This completed form, along with the medication, must be brought to school nurse by the parent/guardian or adult student.* ***The medication must be in the original container appropriately labeled by the pharmacy or medical provider.***

Revised 4/24/09