

AUTHORIZATION FOR MEDICATIONS

State law requires written authorization from you and your child's physician to administer any medication to your child while in school. This includes Tylenol, cold/flu tablets, antacids, eye drops and cough medicine. The school nurse or parent/ guardian is the only one permitted to administer medication in the school.

Note of exception: Under certain circumstances, students with life threatening conditions who have authorization from a parent/guardian and physician, may self-medicate.

FOR NURSE ADMINISTRATION OF MEDICATION

If your child is to receive ANY medication from the school nurse,
A physician and a parent/guardian must complete the Permission Form for Medication (see below)

FOR INHALERS, INSULIN AND EPI-PEN

If your child needs an inhaler, insulin or has life threatening allergies to food, bee sting, or other allergens, and must keep Epi-pen in the Health Office or carry it, please contact the school nurse for the appropriate forms

All medication must be in the originally labeled pharmacy container. This container will remain in school. Please ask the pharmacist for a separate properly labeled medication supply for home usage.

Print form below (page 2)

Montvale Public Schools
Montvale, New Jersey
Permission Form for Medication

Student _____ Date of Birth _____
 Grade & Teacher _____
 Date Form Received _____

Photo of your
child here

To Be Completed By Physician

In order to protect the health of _____, it will be necessary for him/her to have medication, prescribed by me, as follows:

Diagnosis for which medication given _____

Medication _____

Purpose of medication _____

Dosage _____

Time at which, or special circumstances under which, medication shall be administered _____

Frequency _____ Duration _____

Possible Side Effects _____

Date _____ Physician's Signature _____

Phone _____ Physician's Stamp _____

To Be Completed By Parent/Guardian

I give permission for (name of child) _____ to receive the above described medication at school according to school policy. School policy requires that medication be brought in the original container with a pharmaceutical label indicating the name of patient, name of prescription, dosage, time, physician's name, and the date the prescription was issued.

Medication can be omitted on:

Half Days: Yes _____ No _____

Field Trips: Yes _____ No _____

I understand that the Montvale Board of Education and its employees, agents, officers, agents, and servants shall incur no liability as a result of any injury arising from the administration of the above prescribed medication to my child. I indemnify and hold harmless the Montvale Board and its employees, officers, agents, and servants against any claims arising out of the medication, or lack thereof, of my child.

Date _____ Signature _____ Relationship _____

Phone _____ Print Name _____

EXHIBIT