REQUEST FOR MEDICATION ADMINISTRATION

In accordance with New Jersey State Law 6A: 16-2.1(a) 2, Learning Community Charter School 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, the parent/guardian must sign the 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.

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

Student____Grade____________

Diagnosis____

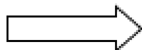
Medication____

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:

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Phone #______________________________

Signature of Parent____ Date____________

Signature of School Nurse_____________________________________ Date____________