

Freehold Regional High School District

Permission to Administer Medication

To meet the requirements of the Freehold Regional H.S. District Board of Education Policy 5330: Administration of Medication, this medication order form must be completed and signed by the physician. The parent/legal guardian's signature grants permission for the school nurse to administer the prescribed medication to the student. This completed form will be kept in the child's health folder. All medications must be kept in the original container and transported to and from school by parent/guardian. Only the school nurse or the parent/guardian may administer medication in school. Students who have a life threatening condition and may require the use of an inhaler, epi-pen, insulin, glucagon, etc. will need to have a specific form completed by the physician and parent. Please contact your child's health office.

Part I- To be completed by physician

Student's Name _____ GRADE _____ Date _____

Diagnosis _____

Medication/Dosage/Route _____

Frequency _____ Side Effects _____

Specific Instructions _____

Physician's Signature _____

Physician's Name (please print) _____ Telephone _____

ALL MEDICATION ORDERS EXPIRE AT THE END OF THE SCHOOL YEAR UNLESS OTHERWISE SPECIFIED.

Physicians please read and indicate preference:

The time of medication administration may be amended with the physician's permission in order to accommodate an educational excursion.

The school nurse **may / may not** administer this medication upon student's return to school from an outing before the end of the school day.

Physician's Signature _____

Date _____

Physician's Stamp

Part II- To be completed by parent/legal guardian

Please check one:

To be given at home on half days _____ To be given at school on half days _____

I hereby request that the school nurse administer the above medication as directed by my physician/dentist to my child _____. I will supply the medicine in an ORIGINAL CONTAINER and will notify the school nurse promptly of any change in this order.

Parent's Signature _____ Date _____

****A new form must be submitted for each school year****