

**CHERRY HILL PUBLIC SCHOOLS  
MEDICATION AUTHORIZATION FORM**

I request the enclosed medication, in the original container be administered to my child and shall release school personnel from all liability. **PLEASE NOTE: All medication must be brought to and from school by the parent or another adult whom the parent designates.**

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade/Team/Graduation Year: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage and frequency: \_\_\_\_\_

Diagnosis/Purpose: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

**TO BE COMPLETED BY THE PHYSICIAN ONLY FOR ALL PRESCRIPTION AND OVER THE COUNTER MEDICATIONS:** The **only exception** is Acetaminophen/Ibuprofen which can be administered with *signed parental permission* in accordance with established protocols developed by the school physician (See Acetaminophen/Ibuprofen Authorization Form)

Name of Medication: \_\_\_\_\_

Dosage, frequency, duration: \_\_\_\_\_

Diagnosis/Purpose: \_\_\_\_\_

Reason that medication must be given during the school day: \_\_\_\_\_

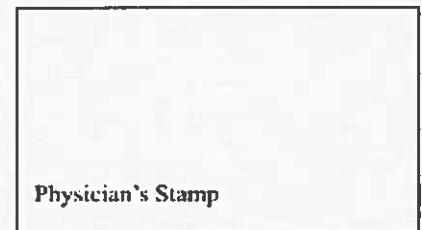
Comments: \_\_\_\_\_

Physician's Signature : \_\_\_\_\_

Physician's Name (print): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_



**THIS FORM IS ONLY VALID FOR THE CURRENT SCHOOL YEAR**

**CHERRY HILL PUBLIC SCHOOLS**  
**POLICY FOR ADMINISTRATION OF MEDICATION BY CERTIFIED SCHOOL NURSE**

All medications are administered from the health office by the school nurse.

All medication must be in a prescription bottle with the name of the child and the medication.

**All medication must be brought to and from school by the parent or another adult whom the parent designates.**

**PRESCRIPTION MEDICATIONS**

If prescription medication is to be administered in school, all of the following are required:

1. A **written order** (*valid for the current school year*) from the child's physician which includes:
  - a. Date of order
  - b. Name of student
  - c. Diagnosis
  - d. Name of medication to be administered
  - e. Dosage, frequency and duration of administration
  - f. Time of administration
  - g. Route of administration
2. Written parent/guardian permission form releasing the school district and nurse from any liability thereof.

**NON-PRESCRIPTION MEDICATIONS**

If a non-prescription (over the counter) medication is to be administered in the school setting, **the physician's written order requirement will apply.**

The **only exception** is Acetaminophen/Ibuprofen which can be administered with *signed parental permission* in accordance with established protocols developed by the school physician (See Acetaminophen/Ibuprofen Authorization Form).

The **required permission form** for prescription and non-prescription medication is on the reverse side.

Please contact the school nurse if you have any questions.

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Dr. Eric Requa, Chief Medical Inspector

Date: 3/3/25