

**Quinton Township School
Health Office
8 Robinson Street
Quinton, NJ 08072
856-935-2379 Ext 128
awilliams@quintonschool.info**

PHYSICIAN MEDICATION ORDER FORM

Student's Name _____ Date _____

TO BE COMPLETED BY PHYSICIAN:

Diagnosis: _____ Medication: _____

Dosage: _____ Route: _____ Time: _____

Special Instructions: _____

Precautions/Side Effects: _____

Date: _____ Physician Signature: _____
(Original/No signature stamps please)

Print Name: _____ Phone Number: _____

****Please provide a separate form for each medication that is to be administered.**

A medication order is effective September 1 - June 30 of each school year and **MUST** be renewed annually.

TO BE COMPLETED BY PARENT/GUARDIAN:

As the parent/guardian of the student listed above, I authorize the school nurse to administer this medication during school hours as prescribed. I understand that all medication must be brought to school in the original pharmacy container with a label. Over-the-counter medicine must be in the original container. No medication will be given without the written permission of the physician and the parent/guardian.

My child will _____ will not _____ take this medication on early dismissal days.

My child will _____ will not _____ take this medication on delayed opening days (2-hour delay). Time to be given on 2-hour delay days: _____

I will accompany my child to administer this medication on field trips, or I will consult with the school nurse to revise the medication schedule on field trip days or make other arrangements. I understand that medication must be picked up by an adult by the last day of the school year or it will be discarded.

Parent /Guardian Signature

Date

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Dear Parent/Guardian:

As per NJAC 6A:16-2.3 in order for the school nurse to administer medication during school hours the following requirements must be completed:

- ☐ Written order from the physician
- ☐ Parent written request giving permission for the nurse to administer prescribed medication at school.
- ☐ Medication must be in the original container

If your child is being treated for asthma he/she will need an asthma action plan completed by the parent and physician. See attached form.

I have attached the necessary forms that need to be completed in order for your child to receive medication during school hours. Feel free to mail or fax to 856-935-1978.

If you have any questions, please do not hesitate to contact me at 856-935-2379 ext. 128

I wish you and your family a healthy school year.

Sincerely,

Alyssa Williams

Alyssa Williams BSN,RN,CSN