



AUDUBON PUBLIC SCHOOLS

School Health Services

www.audubonschools.org

Audubon Preschool

2 Road C

Audubon, NJ 08106

856.617.0918 (7001)

Kelley Stenton, R.N., B.S.N., C.S.N.

kstenton@audubonschools.org

Fax (856) 617-0890

Haviland Avenue School

240 S. Haviland Avenue

Audubon, NJ 08106

856-546-4922 (6207)

Ann Rossi-Alston, R.N., B.S.N., C.S.N.

arossi-alston@audubonschools.org

Fax (856) 547-1248

Mansion Avenue School

300 Mansion Avenue

Audubon, NJ 08106

856-546-4926 (5122)

Jenna Vento, R.N., B.S.N.

jvento@audubonschools.org

Fax (856) 547-1483

Audubon Jr/Sr High School

350 Edgewood Avenue

Audubon, NJ 08106

856-547-7695 (4165)

Kristie Salciunas, R.N., B.S.N.

ksalciunas@audubonschools.org

Fax (856) 522-0162

NON-PRESCRIPTION/PRESCRIPTION MEDICATION CONSENT FORM

Dear Parent/Guardian:

We attempt to discourage the administration of medication in the school. Parents are advised to give medication at home and on a schedule other than during school hours. However, if your physician decides that it is necessary for your child to receive medication during the school day, the approval and specific directions must be provided to the school. It is recommended that the first dose of medication be administered at home.

The medication must be brought to the school by parent/guardian in the original container with the current prescription label on the container. If the medication is not properly labeled, it will not be given. The medication and this completed consent form must be returned to the school nurse.

Student's Name _____

Student's Grade _____ Date of Birth _____

School _____

Completed by the Physician:

Date of Order: _____

Name of Medication: _____

Dosage/Route: _____

Time and Circumstance of Administration at School: _____

Can a Reaction be Expected? _____ Yes _____ No

If yes, describe: _____

Can school time be rescheduled on field trip days in which school nurse or parent is unavailable for medication administration?

_____ Yes _____ No

Physician's Signature _____ Phone _____

Physician's Stamp:

Completed by the Parent/Guardian:

I hereby give my permission for the nurse to administer the above listed medication during the school day to my child. I understand that on field trip days the school time dose of medication may need to be rescheduled if the nurse is unavailable.

Parent/Guardian Signature _____ Date _____