Summit Public Schools

School Medication Administration Authorization Form

Name of Student: _____ Date of Birth: _____ Grade/School: _____

This order is valid for the school year (current) _____ including the summer session and field trips.

This form must be completed in its entirety for a school nurse to administer the medication.

A new medication administration form must be submitted annually for all medications including daily, as-needed and over-the-counter medications. A new form is also required whenever a dosage or administration time changes.

Prescriber's Authorization

Condition for which medication is being administered: _____

Medication Name: _____ Dose: _____ Route: _____

Time/frequency of administration: _____ If PRN, frequency: _____

If PRN, for what symptoms: _____

Relevant side effects: ☐ None expected Specify: _____

Medication shall be administered from: _____ to _____

Month/Day/Year Month/Day/Year

Medication necessary on ½ days ☐ Yes ☐ No
Necessary for Class or Field Trips ☐ Yes ☐ No

Prescriber's Name/Title:(print) _____
Telephone: _____ Fax: _____

Address: _____

_____

Prescriber's Signature: _____Date:_____

(Original signature or signature stamp ONLY)

PARENT/GUARDIAN AUTHORIZATION

I/We request the school nurse to administer the medication as prescribed. I/We certify that I/We have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I/We understand that at the end of the school year, an adult must pick up the medication; otherwise, it will be discarded. I have discussed field trips, overnight trips, and early dismissal days with my child's practitioner. I/We authorize the school nurse to communicate with the health care provider as allowed by HIPAA/FERPA.

Parent/Guardian Signature: _____Date:_____
Home Phone: #: _____ Cell Phone #: _____ Work Phone #: _____

SELF CARRY AUTHORIZATION APPROVAL (Only available for asthma inhalers, epinephrine, Solu-Cortef, and diabetes medications. *Students may not self-carry or self-administer at the elementary level.*)

I authorize the above student to self-carry and self-administer the above medication in accordance with district and state self-carry and self-administration policies. I acknowledge that self-carry and self-administration of emergency medication are limited to asthma inhalers, epinephrine, Solu-Cortef, and diabetes medications, as authorized by a prescriber and approved by the school nurse in accordance with state medication policy. Annual Asthma Action Plans and Food Allergy, Emergency Anaphylaxis Care Plans must be completed by a prescriber and kept on file in the nurse's office as part of the self-administration policy.

Prescriber's signature: _____Date:_____
Order reviewed by the School Nurse: _____Date:_____

Summit Public Schools
Health Office

Dear Parent/Guardian,

This letter serves to inform you of Summit Board of Education Policy #5330 regarding the administration of medication at school. To ensure your child's safety and compliance with district policy, a completed Medication Administration Form must be on file before a school nurse can administer any prescriptive or over-the-counter medication to a student.

Medication is administered during school hours or on field trips when essential for attendance. Please review the following requirements for all prescriptive medications and over-the counter (OTC) medications. OTC medications may include, but are not limited to, fever reducers, cough drops, allergy medications, nasal sprays, antacids, vitamins, and/or nutritional supplements.

- **Provider Authorization:** All medications must be prescribed by a licensed healthcare provider. Forms must be completed, signed, and stamped by the provider.
- **Parental Consent:** A parent or guardian signature is required for authorization. ● **Safe Delivery:** A parent or guardian must deliver medication directly to the school nurse. Students may not transport medication, with the exception of inhalers, epinephrine, Solu-Cortef, and diabetes supplies.
- **Labeling & Packaging:**
  - **Prescriptions:** Must be in the original pharmacy container with the student's name, medication name, and dosage on the label.
  - **OTC/Supplements:** Must be in the original, factory-sealed container with the label intact. Open packages will not be accepted.
- **Expiration:** Please ensure medication does not expire before the end of the school year. ● **Location:** All medications must be stored in the Health Office unless your child has been approved to self-carry an EpiPen, asthma inhaler, Solu-Cortef, or diabetic supplies.
- **Annual Renewal:** Orders are valid for the current school year only and must be renewed annually after July 1. Completed forms and medication should be submitted to the school nurse in September for the new school year.

Please complete all fields; incomplete forms will be returned. As permitted by HIPAA/FERPA, the school nurse may contact the prescribing provider with any questions.

Additional forms can be found at: https://www.summit.k12.nj.us/resources/forms. If you have any questions, please contact your school nurse.

Sincerely,

Summit School Nurses

Summit Board of Education Policy #5530 may be accessed at:
http://www.summit.k12.nj.us/District_Policies/

March 2026

Summit Public Schools
Health Office

Estimado padre/madre o tutor:

Esta carta tiene como objetivo informarle sobre la Política n.º 5330 de la Junta de Educación de Summit, relacionada con la administración de medicamentos en la escuela. Para garantizar la seguridad de su hijo y cumplir con las normas del distrito, se debe tener archivado el Formulario de Administración de Medicamentos completo antes de que la enfermera escolar pueda administrar cualquier medicamento recetado o de venta libre a un estudiante.
Los medicamentos se administran durante el horario escolar o en excursiones cuando son esenciales para la asistencia. Por favor, revise los siguientes requisitos para todos los medicamentos recetados y de venta libre (OTC). Los medicamentos OTC incluyen, entre otros: antifebriles, pastillas para la tos, medicamentos para la alergia, antiácidos, vitaminas y/o suplementos nutricionales.

- **Autorización del proveedor:** Todos los medicamentos deben ser recetados por un proveedor de atención médica con licencia. Los formularios deben estar completados, firmados y sellados por dicho proveedor.
- **Consentimiento de los padres:** Se requiere la firma de un padre, madre o tutor para la autorización. ● **Entrega segura:** Un padre, madre o tutor debe entregar el medicamento directamente a la enfermera de la escuela. Los estudiantes no pueden transportar medicamentos, a excepción de inhaladores, epinefrina, Solu-Cortef y suministros para la diabetes.
- **Etiquetado y empaque:**
  - **Recetados:** Deben estar en el envase original de la farmacia con el nombre del estudiante. ○ **OTC/Suplementos:** Deben estar en el envase original sellado de fábrica con la etiqueta intacta. No se aceptarán paquetes abiertos.
- **Vencimiento:** Por favor, asegúrese de que el medicamento no venza antes de que termine el año escolar.
- **Ubicación:** Todos los medicamentos deben guardarse en la Oficina de Salud, a menos que su hijo tenga autorización para llevar consigo un EpiPen, un inhalador para el asma, Solu-Cortef o suministros para la diabetes.
- **Renovación anual:** Las órdenes son válidas únicamente para el año escolar en curso y deben renovarse anualmente después del 1 de julio. Los formularios completos y los medicamentos deben entregarse a la enfermera escolar en septiembre.

Por favor, complete todos los campos; los formularios incompletos serán devueltos. Según lo permitido por HIPAA/FERPA, la enfermera de la escuela puede comunicarse con el proveedor que realizó la receta si tiene alguna pregunta.

Puede encontrar formularios adicionales en: https://www.summit.k12.nj.us/resources/forms. Si tiene alguna pregunta, comuníquese con la enfermera de su escuela.

Atentamente,

Enfermeras Escolares de Summit

La Política n.º 5330 de la Junta de Educación de Summit se puede consultar en:
http://www.summit.k12.nj.us/District_Policies/

March 2026