PEMBERTON TOWNSHIP SCHOOLS

REQUEST FOR MEDICATION ADMINISTRATION

In accordance with New Jersey State Law 6A: 16-2.1(a) 2, Pemberton Township Board of Education policy states that: ***school nurses only*** are to administer ***any*** medication to students. This is to be done ***only*** if medication has been prescribed by the child's physician who has noted diagnosis, medication, dosage and time. This includes any over-the-counter drug. In addition, parent/guardian must sign permission form below and return to the school nurse. The permission form must be updated **every school year**.

Prescriptions must be in properly labeled pharmacy containers: over-the-counter medications must be in the original container and accompanied by a physician's note. Medication should be brought to school and picked up by a designated adult. All medications sent to school will be locked in the nurse's office.

I understand that the district and its employees or agents shall have no liability as a result of any injury arising from the administration of the medication listed below; and shall indemnify and hold harmless the district and its employees or agents against any claims arising out of administration of the medication.

Do not use this form for students who require inhalers or epi-pens. Special forms have been developed for those medications and they are available from the nurse or on the district website.

Authorization is hereby given for medication to be administered in school to:

Student_____Grade_____

Diagnosis_____

Medication_____

Dosage_____Frequency_____ Time to be given_____

In the event of school trips, student may skip medication dose for that day

YES_____ NO_____

Signature of Physician*_____ Date_____

Physician's Stamp here: ⇨

Physician's Printed Name:

_____

Phone #_____

Signature of Parent_____ Date_____

Signature of School Nurse_____ Date_____

Revised 5/25/10