



The Calais School

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School Nurse Authorization for RX/OTC Medication Administration

This form is to be completed for all medications other than asthma medications and epinephrine.

*Original copy of this form is required by NJ State Law.

*State Law requires that medication be renewed each school year.

*Only one medication per form.

Name _____ Grade _____ DOB _____ Date _____

Diagnosis _____

Allergies _____

Medication _____

Dosage _____ Time/Frequency _____ Route _____

Possible Side Effects _____

In the event that the student is not given their morning dose at home, the school nurse may give the medication listed above with parental permission. AM DOSE: _____

Provider's Signature

Office Stamp

Date

Parent/Guardian Consent for Giving Medication During School

I request and give my consent for the School Nurse to dispense the medication prescribed by the physician on this form.

A prescription medication must be delivered to the School Nurse in the original pharmacy container labeled with the student's name, date of prescription, name of medication, dosage, and the prescribing physician's name. If the medication is an over-the-counter medicine, it must be in the original box.

I give permission for the information on this form to be shared with the appropriate staff members, coaches, and chaperones for the safety and welfare of my child.

I give permission for the school nurse to speak with the prescribing physician regarding the medication listed above, if necessary.

I request that my child be assisted in taking the medication described at school by the School Nurse or other individuals authorized to administer medication to students in school pursuant to N.J.A.C.:6A:16-2.3. I understand the ultimate responsibility for administering the medication is mine, and I am fully aware that the duties of the school nurse and others may require their presence at another location when the medication is needed.

Signature of Parent/Guardian

Date