MONROE TOWNSHIP SCHOOL DISTRICT

AUTHORIZATION BY PARENT AND FAMILY PHYSICIAN FOR ADMINISTRATION OF MEDICINE IN SCHOOL

The administration of medicine to a student during school hours will be permitted only when failure to take such medication would jeopardize the health of the student or render the student unable to attend school.

In order to protect the health of _____, it is necessary for him/ her to have the following medications during school hours. This also includes all over-the-counter medications.

Name of Medication:_____

Student's Diagnosis / purpose of medication:_____

Route / Dosage / Time of administration:_____

How soon can medication be repeated?:_____

Length of time prescribed:_____

Possible side effects:_____

Any restrictions the medication might make on the student's daily activities (e.g. phys. ed. class, science labs)_____

_____

If the medication is to be used on a 'PRN' or 'as needed' basis, the order should clearly describe the conditions under which the drug is to be used:_____

_____

Other medication the student receives that might enhance, alter, or impact the effects of the ordered medication:_____

_____

This medication is: Over-the-counter medication: ___ Yes ___No
Prescription Medication: ___ Yes ___No

_____ _____

Physician's Signature Date

I hereby grant permission to the school nurse to distribute medication to my child, _____as described above.

_____ _____

Parent/ Guardian Signature Date

Physician's Stamp: