



General Medication Order Form

Student name: _____ Date of Birth: _____

Grade: _____ Teacher: _____ School: _____

The parent/guardian asks that the School Nurse give the following medication to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

- The School agrees to administer medication prescribed by a licensed health care provider.
- It is the parent/guardian's responsibility to furnish the medication.
- The parent agrees to pick up expired or unused medication within one week of notification by staff.
- **Prescription medications:** must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, and date medicine is to be stopped, and licensed health care provider's name. Pharmacy name and phone number must also be included on the label. Please ask the pharmacist for a separate labeled medicine bottle to be kept at school.
- **Over the counter medication:** must be labeled with the child's name. Dosage must match the signed health care provider authorization, and medicine must be packaged in the original container.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the nurse or school staff delegated to administer medication.

Parent/Guardian Signature _____ Date _____

Health Care Provider Authorization to Administer Medication in School or Child Care

Diagnosis: _____ Medication: _____ Dose: _____ Route: _____

Frequency: Daily _____ (indicate time of administration) _____ PRN _____

(if PRN indicate signs/symptoms requiring administration) _____

Side effects of medication _____

Medication administration to begin on ____/____/____ and discontinue on ____/____/____.

I certify that this child would be unable to attend school if this medication is not administered during school hours and that this student is physically fit and able to attend school. ____ Yes ____ No

As per Bernards Township Board of Education Policy 5330, permission for administration of medication in school or at school related events will be given only when the pupil's attendance depends upon the timely administration of medication in school or at school related events. We strongly encourage that any medication that can be taken before or after school be so prescribed.

Physician Signature _____ Date _____ Stamp: _____

School Nurse Signature _____ Date order in effect _____