

IN-SCHOOL MEDICATION CONSENT FORM

(for all medications except anaphylaxis meds such as Benadryl, epi-pens, and asthma inhalers)

Student Name: _____ DOB: _____

Parent/Guardian's Name: _____ Date: _____

Home Phone: _____ Cell: _____

PART 1 [to be completed by student's physician or dentist]

A. MEDICATION ORDERS:

I certify that it is essential to the health of _____ that the following medication be administered by the school nurse during school hours as directed.

Diagnosis: _____

Name of Medication: _____

Dosage: _____ Mode of Administration: _____

Frequency of Administration: _____ Time of Administration: _____

Side Effects/Precautions: _____

Length of time order is valid (may not exceed school year): _____

B. MEDICATION SCHEDULE ADJUSTMENTS:

If medication is to be given on a regular basis, please instruct below for special circumstances. Teaching staff will not give medication on class trips and students may not self-administer any medications except those for "Life-threatening conditions" (N.J.S.A. 18A:40 - 12.3)

_____ Medication may be omitted on a class trip.

_____ Administer the medication when the student returns from the class trip.

_____ Parent will administer the medication to his/her child while accompanying the class trip.

CIRCLE ONE: **Administer** / **Do not administer** medication on early closing days.

CIRCLE ONE: **Administer** / **Do not administer** medication on delayed opening days.

Signature of Physician/Dentist: _____ Date: _____

Physician/Dentist Stamp: _____ Phone: _____

[see over: Parent/Guardian must complete other side]

PART 2 (to be completed by parent/guardian)

I give permission for the school nurse to administer the medication described on the reverse side. I will notify the nurse immediately if this medication is no longer required.

I disclaim all liability of Abundant Life Academy as it concerns the use of this medication. I further understand that the permission to give this medication is effective for the school year for which it is granted and must be renewed for each subsequent school year.

Parent/Guardian Signature

Date

Revised 6/2017