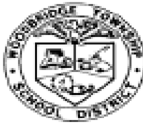

WOODBRIDGE TOWNSHIP SCHOOL DISTRICT

P.O. Box 428, School Street
Woodbridge, New Jersey 07095

AUTHORIZATION BY PARENT AND HEALTHCARE PROVIDER FOR ADMINISTRATION OF MEDICATION IN SCHOOL

Authorizations are effective for one school year only and must be renewed annually.
The administration of medication 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.

Please print all information
In order to protect the health of ________________________________, it is necessary for him/her to have the following medication 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., driver's education, labs, physical education): ____
____

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 medications 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

____________________	__________	____________________
Healthcare Provider's Signature	Date	Healthcare Provider's Stamp

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

______________________________	____________________
Parent/Guardian Signature	Date

H160
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Regulation #5100