WOODBRIDGE TOWNSHIP SCHOOL DISTRICT

P.O. Box 428, School Street
Woodbridge, NJ 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