



# ROCKAWAY TOWNSHIP PUBLIC SCHOOLS

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## Physician and Parent Authorization for Medication

Dear Parent/Guardian:

To assure that all students receive their medications ordered by their physicians and approved by their parents/guardians, please follow all district medication policies found in the Health Handbook.

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

In the event of a late opening or an early dismissal please administer my child's medication:

**Late opening:** \_\_\_\_\_ at the usual time or (specific time) \_\_\_\_\_ do not give dose \_\_\_\_\_

**Early Dismissal:** \_\_\_\_\_ at the usual time or (specific time) \_\_\_\_\_ do not give dose \_\_\_\_\_

**Please Note:** These requests will be honored unless you notify the school nurse.

As Needed: \_\_\_\_ Date to Begin: \_\_\_\_\_ Date to End: \_\_\_\_\_ Further Notice: \_\_\_\_\_

If "as needed", please indicate for what symptoms or complaints: \_\_\_\_\_

I give my permission for the School Nurse or substitute to dispense the above medication to my child as ordered by our physician.

\_\_\_\_\_  
**Parent/Guardian's signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Physician's signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Physician's Name**

\_\_\_\_\_  
**Date**

(Place Prescriber's Address Stamp here.)

**Over**



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## AUTHORIZATION FOR ADMINISTRATION OF MEDICATIONS DURING SCHOOL HOURS

Dear Parents/Guardians,

Please be aware of the following with regard to medication administration in schools:

- Medication authorization forms must be completed and signed by your child's health care provider and stamped with their office stamp.
- A parent signature is required to authorize the administration of the medication.
- All forms must be on file in the Health Office before medication can be administered.
- Medication must be delivered to the school nurse by a parent or guardian.
- Unused medication must be picked up by a parent or guardian at the end of the school year.
- Medication must be in the original container.
  - Prescription medication must be in the original pharmacy container with your child's name on the pharmacy label.
  - Over the counter medications must be in the original, unopened box or container.
- Dietary supplements are not approved by the FDA and therefore, cannot be administered in schools.
- Please check the expiration date on your child's medication and provide medication that does not expire before the end of the school year.
- Medication must remain in school and accessible to your child as prescribed by the child's health care provider unless the physician has authorized the student to self administer their asthma inhaler; their epinephrine auto injector; or their hydrocortisone sodium succinate.
- Medication orders are valid for the current school year and must be renewed annually. Please provide your school nurse with updated medication authorization forms and medication at the beginning of each school year.
- Incomplete orders will not be accepted and will be returned to the parent for completion by their healthcare provider.

Thank you for your cooperation.

The Rockaway Township School Nurses