NORTH HALEDON SCHOOL DISTRICT

Memorial Elementary School
201 Squaw Brook Road
North Haledon, NJ 07508
Tel: (973) 427-8993
FAX: (973) 423-1514

High Mountain School
515 High Mountain Road
North Haledon, NJ 07508
Tel: (973) 427-1220
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AUTHORIZATION BY PARENT AND FAMILY PHYSICIAN 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. The school physician may review any requests for medication to be self-administered during school hours.

(Please print all information)

Child's Name _____
Last **First** **Middle**

School _____ **Grade** _____ **D.O.B.** _____

In order to protect the health of the student named above, 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 _____

What adverse reaction might occur if medication is not given? _____

_____

Possible side effects _____

_____

Any restrictions the medication might make on the student's daily activities (e.g. 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

_____ _____
Physician's Signature Date

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

_____ _____
Parent/Guardian Signature Date