

WEST ESSEX REGIONAL SCHOOL DISTRICT

West Greenbrook Road,  
North Caldwell, NJ 07006  
973-228-1200

High School Nurse: ext 240  
Fax: 973-228-5726

Middle School Nurse: ext: 340  
Fax: 973-228-8512

**ADMINISTRATION OF MEDICATION**

1. Pupils requiring medication (prescription or over-the-counter/non-prescription) at school must have written authorization from their child's private healthcare provider licensed in medicine, osteopathy, or dentistry, or an advanced practiced nurse which identifies the name of pupil, diagnosis of pupil, name of medication, dosage and time of administration.
2. A written statement from the parent/guardian requesting medication prescribed by the student's private healthcare provider is required.
3. The parent/guardian should bring the medication to school in the ORIGINAL container, appropriately labeled by the pharmacy. Parent/guardian responsible for retrieving medication at end of school year. If not retrieved, medication will be discarded at the end of the school year.
4. **The certified school nurse, school nurse substitute, school physician, and parent/legal guardian are the ONLY people permitted to administer medication(s) to the student during school hours.**
5. The school physician may review any request for medication to be administered during school hours.

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Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_

Diagnosis \_\_\_\_\_

Name of Medication \_\_\_\_\_

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

How long is prescribed medication to be administered? From \_\_\_\_\_ to \_\_\_\_\_

Possible side effects? \_\_\_\_\_

Medication to be omitted on 1/2 days? Yes \_\_\_\_\_ No \_\_\_\_\_

Prescribing Physician's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Prescribing Physician's Signature \_\_\_\_\_ Physician's Stamp \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

To my knowledge, my child is not allergic to this medication. I hereby release and hold harmless the Board, its agents, servants, and employees from any and all liability for injuries or other damages which may result to the student, his/her servants and representatives which may result from administration of the medication. It is the student's responsibility to come to the Nurse's office for medication unless s/he is physically unable to do so.

Parent(s)/Guardian(s) Signature(s) \_\_\_\_\_ Date \_\_\_\_\_