

WEST ESSEX REGIONAL SCHOOL DISTRICT

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

High School Nurse: ext 1240
Fax: 973-228-5726

Middle School Nurse: ext: 3340
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, Dentistry, Physician's Assistant or Advanced Practice Nurse, which identifies the name of pupil, diagnosis of pupil, name of medication, dosage and time of administration.
2. 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 the end of the school year. *If not retrieved, medication will be discarded.*
3. *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.*

Student's Name _____ Grade _____ D.O.B. _____

Diagnosis _____

Name of Medication _____

Dosage: _____ Time: _____

Possible side effects? _____

Medication to be omitted on ½ 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 _____