

**WRITTEN AUTHORIZATION FOR ADMINISTRATION
OF MEDICATION**

- A. The administration of medication to pupils shall be done only in exceptional circumstances wherein the child's health may be jeopardized without it.
- B. Written statements shall be required of:
 - 1. The prescribing physician- which shall include the purpose of the medication, the dosage, and the time at which or special circumstances under which medication shall be administered.
 - 2. The parent-which shall give permission for such administration and relieve the Board and its Employees of liability for administration of medication.
- C. Said medication must be supplied in original container from pharmacy.
- D. No medication may be in possession of the child, except when a student is granted written permission to self-medicate. All medicines should be properly labeled and given to the school nurse

MEDICATION REQUEST FORM FROM PHYSYCIAN

I request the School Nurse to administer the medication prescribed by me for

_____ for the period of _____ to _____.
(student's name)

The medication will be supplied by the parents in a bottle properly labeled.

Rx _____

Sig _____

Signature _____ M.D.

Doctor's Name _____

Date _____

PARENT RELEASE FOR MEDICATION

I give permission to the School Nurse to administer the medication, _____,
As ordered by Dr. _____. I release the Old Tappan Board of Education, its
Agents, servants and employees from any and all liability related in any manner to the
administration of said medication.

Signature of Parent or Guardian