

ST. THERESE SCHOOL Nurse's Office

135 Main Street, Succasunna NJ 07876

Tel: 973-584-0812 Fax: 973-584-2029

Request For Medication Administration

In accordance with New Jersey State Law 6A: 16-2.1(a)2, St Therese School policy states that *school nurses only or the principal* (if the nurse is unavailable) are able to administer medications to the students. *This is to be done only if medication has been prescribed by the child's physician who has noted diagnosis, medication, dosage and time. This includes any over-the-counter medications. In addition, parent/guardian must sign permission form below and return to the school nurse. The permission form **MUST** be updated every school year.

Prescriptions must be in properly labeled pharmacy containers: over-the-counter medications must be in the original container and accompanied by a physician's note provide by the parents/guardians. Medication should be brought to school by the end of the first week of school and picked up by the last day of school by a designated adult. All medications sent to school will be locked in the nurse's office.

I understand that the St. Therese School and its employees or agents shall have no liability as a result of any injury arising from the administration of the medication listed below; and shall indemnify and hold harmless the district and its employees or agents against any claims arising out of administration of the medication.

Students who require inhalers or epi-pens MUST HAVE unique forms on file with the office such as the Asthma Action Plan and/or Anaphylaxis Emergency form completed and signed by a physician as well.

Authorization is hereby given for medication to be administered in school to:

Student Name: _____ Grade: _____

Diagnosis: _____

Medication: _____

Dosage: _____ Frequency: _____ Time to be administered: _____

In the event of school trips, student may skip medication dose for that day: YES _____ NO _____

*Physician's Signature: _____ Date: _____

Physician's Stamp Here:

Physician's Printed Name: _____

Telephone: _____

Parent's Signature: _____ Date: _____

Nurse's Signature: _____ Date: _____