

Saint Thomas the Apostle School

School Year _____

**THE SCHOOL NURSE HAS PERMISSION TO ADMINISTER THE FOLLOWING
MEDICATION TO MY CHILD AT SCHOOL**

Name of Child _____ Grade _____

Medication _____

Dosage _____

Time to be given _____ Duration _____

Treatment of: _____

Side Effects _____

Medication _____

Dosage _____

Time to be given _____ Duration _____

Treatment of: _____

Side Effects _____

I understand that it is my responsibility to administer this medication, if needed, to my child in the absence of the School Nurse during school hours and on class field trips.

I give my permission for the School Nurse to contact my child's health care provider regarding the above medication order if necessary.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____

Date _____

Health Care Provider Signature/Stamp _____

Phone _____

Date _____

**BLOOMFIELD HEALTH DEPARTMENT
BLOOMFIELD, NJ 07003
NON-PUBLIC SCHOOL HEALTH SERVICES**

Parent/Guardian Consent for Medication Administration at School

Medication will be administered to students during school hours ONLY when it is absolutely necessary. Parents/Guardians are advised to give medications at home whenever possible, scheduling them other than school hours. **No prescribed or over-the-counter medication will be administered without a written order from the child's health care provider (HCP) and consent from the parent/guardian.** If it becomes necessary that medication be given at school, the following conditions must be followed:

1. The school nurse or parent /guardian are the only persons permitted to administer medication at school (N.J.A.C.45:11-37).
2. **Parent/Guardian is responsible for administration of medication when the school nurse is not available during school hours and on class field trips.**
3. Parent/Guardian must provide the school nurse with written authorization on the back of this form which includes: name of the medication, dosage, frequency, duration, reason and side effects.
4. Both parent/guardian and HCP must sign this form granting the school nurse permission to administer the medication. The HCP stamp must also be present.
5. Students are not allowed to carry on them and self administer any medication at school. Self-administration of emergency medication for certain chronic conditions (asthma or food/insect allergy) will only be permitted with written consent from both the parent/guardian and HCP.
6. All medication must be brought to school in its original container by the parent/guardian or another adult and given either to the main office staff or the School Nurse. Prescription medication must have a pharmacy label which matches the HCP's written order.
7. Medication must be held in the Health Office for the duration of the treatment/school year. Medication not picked up by an adult at the end of the school year will be discarded.

PARENT/GUARDIAN AND HCP PLEASE COMPLETE AND SIGN REVERSE SIDE