

M3: Pilgrim Academy – Medication Authorization Form

Medication Authorization: TO BE SIGNED BY PARENT AND PHYSICIAN

Due to strict New Jersey State requirements regarding administration of medication, during school hours, ALL medications including over-the-counter medications, require written permission from the parent/guardian AND PHYSICIAN.

NO MEDICATIONS WILL BE GIVEN BY THE SCHOOL NURSE WITHOUT WRITTEN PERMISSION FROM THE PARENT/GUARDIAN AND PHYSICIAN.

If you desire your child to have any over the counter Rx and have no physician's permission, the parent/guardian will have to come to school and administer medication. Written permission can be used for entire school year unless otherwise stated and must be renewed each year.

Students may NOT carry medications or self medicate, and medications must be kept in the nurse's office, with the exception of: a) Students with asthma may carry their inhalers and have nebulizer treatments by completion of the asthma questionnaire and physicians permission, and b) Students written permission to carry and self administer their EPI-PENS by completion of the EPI-PEN questionnaire and physicians permission.

Student Information

Last Name:

First Name:

Middle Name:

Grade:

DOB:

To Be Completed by PHYSICIAN

I prescribe: (Medication) _____

To be given as follows: (Dosage) _____

When is the best time to give medication?: (Frequency) _____

Are there any special instructions? _____

Are there any restrictions? _____

Printed Name of Physician: _____ Date: _____

Physician's Signature: _____

To Be Completed by PARENT/GUARDIAN

I give my permission for the school nurse or substitute to administer above medication as prescribed by the above physician,

Dr. _____, I release TPA personnel from liability should reaction result from the medication.

Parent's Signature: _____ Date: _____