



Saint Dominic School 250 Old Squan Road • Brick, New Jersey 08724 -3284

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Medication/ Treatment Authorization Form

Student: _____ D.O.B. _____

Teacher: _____ Grade: _____ Room: _____

PARENTAL REQUEST

I, the parent/guardian of _____, requests that the school nurse administer the medication prescribed by my child's physician to my child at the prescribed time.

I understand that I will need to bring the medication to the school nurse and not my child. The medication will be brought to school in its original container appropriately labeled by my pharmacy.

Signature of Parent/Guardian _____ Date _____

Address _____ Phone # _____

PHYSICIAN'S STATEMENT

In order to protect the health of _____

It is necessary for her/him to have the following medication during school hours.

Medication: _____

Dosage: _____

Time to be administered: _____

Purpose of medication: _____

List any possible side effects that might be expected: _____

Diagnosis: _____

I authorize the school nurse to administer the above medication.

Signature or Physician _____ Date _____

Print Physician Name _____ Phone _____

TOP PRIORITY

MEDICATION

Please note the following school policy which is stated in our parent. Student Handbook calendar:

Students needing medication prescribed by a doctor while at school must have a statement of permission signed by the doctor. A labeled prescription bottle with the student's name and dosage is required and must be left in the Nurse's office. No staff member, including the nurse, may issue aspirin or any medication to any student at any time, if no doctor prescribed. This includes over the counter medication. If a student needs medication and the nurse is not present, a parent will be called to administer it. Remember, it is necessary that we know where to reach you at all times at home and at work in cases of emergencies.

Medications, both prescription and non-prescription, will be given by the school nurse to students during the school day only if the permission to administer it is given in writing by the doctor and parent or guardian. Medication must be unopened and in a labeled prescription bottle with the student's name and required dosage and must be brought to the school nurse by the parent or guardian. Medication must be picked up at the end of the school year by the parent or guardian as well. If it is left at the end of the school year, it will be discarded.

This permission must be updated yearly.

Eileen Culley, RN School Nurse

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