

**NEW MILFORD PUBLIC SCHOOLS
NEW MILFORD, NJ, 07646**

Tel. 201-261-2952
Fax: 201-262-4445

**MEDICATION AUTHORIZATION
ONE MEDICATION PER FORM**

Student's Name _____ **Grade** ____ **School Year** _____

- I hereby authorize the medication described below to be administered as directed by my child's physician.
- I understand that the physician will be called if a question arises about my child's medication.
- I hereby authorize the school nurse to discuss medication use with my child's teachers as appropriate.
- I shall indemnify and hold harmless the New Milford School District and its employees or agents against any claims arising out of administration of medication by my child.
- I have read, and agree to, the reverse side of this form.

Signature of Parent/Guardian

Date

FOR COMPLETION BY PHYSICIAN

1. Name and strength of medication _____
2. Route of administration _____
3. Dosage of medication _____
4. Time of day medication is to be given _____
5. Date medication began _____ Date medication discontinued _____
6. Side effects _____
7. Additional information _____
(crush, dissolve, etc.)
8. May carry inhaled medications. Yes _____ No _____

Physician's Signature
(original signature/No stamps)

Date

Physician's Printed Name

Physician Address

Physician's Telephone Number
Medication Administration:

- **ALL medications (prescribed or over-the-counter) are to be kept in the Health Office** and are to be administered by the school nurse except for documented emergency medications for anaphylaxis (Epi-Pen, Auvi Q) and asthma rescue inhalers.
- Students may not carry any medications except documented emergency medications.
- Emergency, self-administered medications must be authorized by the school nurse and must have current medication administration forms from the student's health care provider and the parent on file in the health office.

Medication Administration Forms:

- **ALL prescription medications (Asthma, Anaphylaxis, ADHD etc) and over-the-counter (Tylenol, Motrin, Benadryl, etc) must be accompanied by:**
 - A signed health care practitioner's permission form or a licensed practitioner's prescription form. The practitioner's order must include the medication name, dosage, duration and time of administration.
 - Signed parent/guardian permission for administration of medication.
 - Each medication must be on a separate form.

Medication Package:

- **ALL medication must be in the original pharmacy or manufacturer's package.**
- Pharmacy packages must include a pharmacy generated label with the student's name, medication name, dosage, administration directions, expiration date and physician's name.
- Pharmacies must dispense a separate medication bottle for the administration of medication at school. The container will remain at the school for the duration of the medication's administration.
- Over-the-counter medication must be in the original manufacturer's package.

Medication Transport/ Delivery:

- Medications must be delivered to the school nurse only by the parent, guardian or designated adult.

Anaphylaxis Medication:

- Emergency epinephrine for a student with a known anaphylaxis threat may be self-administered, administered by the school nurse or an "epinephrine delegate" when accompanied by an Allergy Treatment Plan.
- Emergency Diphenhydramine (Benadryl) may only be administered by the school nurse (not by a delegate) when accompanied by an Allergy Treatment Plan.

Parent's Responsibility:

- **Note that administration of medication to a student is ultimately the parent/guardian's responsibility.** Therefore, if the school nurse is not available, the parent/guardian will be notified, and the parent/guardian must make arrangements for the student to receive his/her medication. An emergency contact is not able to give medication to students.
- Unused medication will be discarded if not picked up on the last day of school.