



**AUTHORIZATION FOR ADMINISTRATION OF  
PRESCRIPTION MEDICATION AT MIDLAND SCHOOL  
2016-2017 SCHOOL YEAR**

The following section is to be completed by the PARENT/GUARDIAN:

Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

I request that my child be assisted in taking the medication described below at school by the School Nurse or other individuals authorized to administer medication to students in school pursuant to N.J.A.C.:6A:16-2.3. I understand the ultimate responsibility for administration of the medication is mine, and I am fully aware that the duties of the school nurse and others may require their presence at another location at the time that the medication is needed. I understand that the school district, agents and its employees shall incur no liability as a result of any condition or injury arising from the administration or lack of administration of the medication prescribed on this form. I indemnify and hold harmless the Midland School, its agents and employees against any claims arising out of administration or lack of administration of this medication.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RECOMMENDATIONS ARE EFFECTIVE FOR ONE (1) SCHOOL YEAR ONLY  
AND MUST BE RENEWED ANNUALLY**

**THE FOLLOWING TO BE COMPLETED BY PHYSICIAN:**

Diagnosis for which medication is to be given: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Dose: \_\_\_\_\_

Please circle time medication should be administered (Different time write in): 11a 12:30p 1:30p alt: \_\_\_\_am/pm

If medicine is to be given "PRN", describe indications: \_\_\_\_\_

How soon can PRN medicine be repeated? \_\_\_\_\_

List significant side effects: \_\_\_\_\_

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Physician's Name Address Telephone no: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be individually completed for **all prescribed medications**. Medications are to be brought to school by the parent in the **original container**, labeled appropriately by the pharmacy. Label must be dated within 6 months of the original prescription. All medications **will be kept** in a locked storage area. It **may not** be possible to administer daily medication on half session days, early dismissal days or delayed opening days. Parent/guardian will be notified if the daily medication could not be given to the student.

**911 WILL BE CALLED AFTER THE ADMINISTRATION OF DIASTAT, EPINEPHRINE OR GLUCAGON**

Reviewed by: \_\_\_\_\_ Midland School RN Date: \_\_\_\_\_