



**AUTHORIZATION FOR ADMINISTRATION OF
OVER THE COUNTER MEDICATION IN SCHOOL FOR ACUTE ILLNESSES
SCHOOL YEAR: 2016-2017**

Our School Medical Inspector, Ronald M Frank, MD has authorized the administration of the following medications by the School Nurse in the School Health Office. However, parental/guardian permission is required before a student can receive any of the listed medication. If you would like your child to be able to receive any of the listed medication in school if needed, please complete the following and return it to the Health Office. Students will receive only ONE DOSE during the school day. Telephone verbal permission from a parent/guardian will be requested prior to the administration of medication.

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

Student's Name

Teacher

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 School District, its agents and employees against any claims arising out of administration or lack of administration of this medication.

I authorize the administration of _____ (Check all that apply)

_____ Acetaminophen dosed according to weight and product label.

_____ Ibuprofen dosed according to weight and product label.

_____ TUMS® dosed according to product label.

Signature (parent/guardian): _____ Date: _____

Name: _____ Work Phone: _____

Home Phone: _____ Cell: _____

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