

**SAINTS PHILIP & JAMES SCHOOL
137 ROSEBERRY STREET
PHILLIPSBURG, NJ 08865**

IN SCHOOL MEDICATION FORM

If at all possible, no medication should be administered in school. It is preferred that medication be given at home.

When the administration of medication during school is unavoidable, New Jersey state laws requires a written statement from the physician, as well as, a written request from the parent. Please have your doctor include the following information concerning the medication prescribed for a student in our school.

The medication should be brought to school by an adult, in the original container appropriately labeled by the pharmacy or physician. This law also applies to the administration of over the counter drugs such as, Advil/Motrin, Tylenol and allergy medication. These drugs cannot be dispensed in school unless directed by your physician.

Student's Name _____ Age _____

Address _____

Grade _____ Diagnosis _____

Medication Dosage Time of Administration

Possible side effects _____

Date _____

Physician's signature

Physician's name & phone number (**PLEASE PRINT NAME**)

I/We authorize the School Nurse, or, in her absence, the Principal, to administer the above medication as directed. I/We understand and agree that the school, the School Nurse and the Principal shall not be liable for any injury to the student, resulting from the administration of the medication as authorized by my signature below.

Signature of Parent _____ Date _____