WINFIELD TOWNSHIP SCHOOL
7 ½ GULFSTREAM AVENUE
WINFIELD, NJ 07036
908-486-7410

HEALTH SERVICE
AUTHORIZATION FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS

Medication will be administered to pupils during the day **ONLY** when the pupil's health would be in jeopardy (i.e. chronic illness or condition). Parents are advised to give medication at home and schedule other doses for after school hours. **NO** over-the-counter medication will be administered without a physician's written order. If it is necessary that medication be given during school hours, these conditions MUST be followed:

1. The certified school nurse or parent/guardian is the only person permitted to administer medication at school (N.J.S.A. 45:11-37).

2. Parent/Guardian must provide the school nurse with written authorization that includes: name of drug, dosage, side effects, and time of administration.

3. Medication must be brought to school during hours by the parent/guardian in the original container, clearly labeled by the physician or pharmacist, and given to the school nurse.

4. Parent/guardian must sign this form granting the school nurse permission to administer the medication.

5. Parent/guardian is responsible for administration of medication if the school nurse is unavailable.

6. Medication not retrieved by parent/guardian at the end of the school year will be discarded by the school nurse.

7. Self-administration of medication for certain chronic conditions (e.g. Asthma) will be permitted with the written order of the physician and the signed authorization of the parent/guardian.

THE SCHOOL NURSE HAS MY PERMISSION TO ADMINISTER THE FOLLOWING MEDICATION TO MY CHILD:

Name of Child:_____ GR/HR_____

Name of Medication:_____ Dosage_____

Time to be given:_____ Duration_____

Diagnosis:_____

Side effects (list or attach info):_____

AND I GIVE MY PERMISSION FOR THE SCHOOL NURSE TO CONTACT THE PHYSICIAN IF NECESSARY:

Parent/Guardian Signature:_____ Date_____

Primary Physician's Signature/Address_____ Date_____

School Physician's Signature:_____ Date_____

Principal's Signature:_____ Date_____