



School Street School  
730 Birch Street - Boonton - New Jersey - 07005



## School Medication Administration Form 2023-2024

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Teacher/HR** \_\_\_\_\_

This form must be completed fully for schools to administer the required medication. This form must be completed at the beginning of each school year and when there is a change in dosage or time of medication administration.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Non-prescription medication must be in the original container with the label intact.
- An adult must bring the medication to school.

### Physician Portion: Doctor must complete and sign this section.

Please administer medication to the above-named student with the following directions:

Purpose/Condition: \_\_\_\_\_ (PRN, describe symptoms) \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_

Route: \_\_\_\_\_ Time/Frequency: \_\_\_\_\_

PRN frequency: \_\_\_\_\_

**Prescriber's Name/Title:** \_\_\_\_\_

(Use for MD stamp)

### Parent Portion: Parents must sign and complete this section.

I give permission to the school nurse to administer medication to my child during school or at a school-sponsored field trip from **Sept. 2023 to June 2024** as prescribed/ordered by my doctor.

The medication must be **brought by the parents, given to the nurse,** and labeled appropriately—the physician's name on all prescriptions.

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

THIS FORM IS NOT FOR **EPI-PENS OR ASTHMA** MEDICATIONS