

Princeton International School of Mathematics and Science

4. Consent for Prescription Medication Form

Part I (Parents or guardian's signature are required.)

NJ State Law and Regulations require a written medication order of an authorized prescriber and parent/guardian written authorization, for the nurse, or substitute nurse, a designated teacher to administer medication. Medications must be in the original properly labeled container and dispensed by a physician/pharmacist.

Student Name: _____ DOB: _____

PARENT/GUARDIAN AUTHORIZATION

I hereby request that the school nurse administer the prescription medication as directed by my physician/dentist to my child_____. I will supply the medicine in an ORIGINAL CONTAINER and will notify the school nurse promptly of any changes in this order.

Signature of parent/guardian: _____ Date: _____

Waiver of Liability (waiver must be signed by parent/guardian in order for administration of medication by nurse, designee or self-administration by student.)
I agree that if the procedures specified in Board Policy 5141.21 and 5141.21R regarding administration of medication are followed, the school district and its employees or agents shall incur no liability as a result of any injury.

Signature of parent/guardian: _____ Date: _____

Part II (Please fill out ONLY student has prescription medication by his/ or her primary physician.)

PRESCRIPTION MEDICATION INFORMATION

Child's Diagnosis: _____
Medication Name: _____
Dose: _____ Frequency: _____
Route: PO _____ Inhaled _____ IM _____ Other _____
Additional directions or instructions for administration: _____

Side Effects: None expected _____ Specify: _____
Start Date: _____ End Date: _____
Date of next scheduled visit or when advised to return for follow up: _____

LICENSED PRESCRIBER SIGNATURE

Date: _____ Doctor Signature: _____

SELF-ADMINISTRATION OF MEDICATION APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse. In the case of **inhalers for asthma and cartridge injectors for medically diagnosed allergies**, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian.

Prescriber's Authorization for self-administration: Yes: _____ No: _____ Signature: _____

Parent/Guardian Authorization for self-administration: Yes: _____ No: _____ Signature: _____

School Nurse Authorization for self-administration: Yes: _____ No: _____ Signature: _____