



**Far Hills Country Day School 2016-17**

**AUTHORIZATION FOR ADMINISTRATION OF MEDICATION BY THE SCHOOL NURSE**

Health Office: (908) 766- 8439 | Health Office Fax: (908) 766- 6777

The School Nurse shall administer medication (prescription or over-the-counter) if a student is required to receive medication while attending school. All medications (prescription or over-the-counter) require written orders from a licensed physician and signature from the parent. No medication is to be administered without this written authorization. All medication(s) shall be delivered to the School Nurse by the parent or other designated adult in the original labeled container with the student’s name, medication name, route, dosage, time and/or other directions. For prescription medications, please ask the pharmacist to prepare two labeled containers. The only exception for which a student may be permitted to carry and self-administer his/her own medication shall be for a potentially life-threatening illness in which the proper forms must be submitted to the School Nurse.

**To Be Completed by Physician:**

Student: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication, Dosage, and Route: \_\_\_\_\_

Time and Frequency: \_\_\_\_\_

When It May Be Repeated: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

\_\_\_\_\_  
**Name of Physician (Print or Stamp) Signature of Physician**

\_\_\_\_\_  
**Address/Telephone of Physician**

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

**To Be Completed by Parent:**

I request the School Nurse to administer the above medication to my child as prescribed by the licensed physician. I shall notify the school nurse if any changes occur with my child’s health. I acknowledge that Far Hills Country Day School, and its employees, shall incur no liability as a result of any injury arising from the administration of medication to my child. I give my permission for the School Nurse to share information concerning my child’s health with those faculty/staff members on a “need to know” basis. I recognize that sharing this information is important to my child’s well being while attending school. This authorization is effective for the school year ending June 2017.

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

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