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Rutgers Preparatory School

Medication Form

Office of School Nurse
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Dear Parent,

Only the School Nurse (or the student's parent) shall administer medication (prescription or over-the-counter) if a student is required to receive medication while attending school or school functions. All medications require written orders from a licensed medical provider and signature from the parent. 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, medication route, dosage, time and/or other directions, date, and medical provider's name. For prescription medications, please ask the pharmacist to prepare ***two*** labeled containers. Herbs and dietary supplements are not considered medications and will not be administered. The parent is responsible to pick up any remaining medication at the end of treatment regime or at the end of the school year or it shall be destroyed seven days after the end of treatment. 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.

To Be Completed by Licensed Medical Provider:

Student: _____ D.O.B.: _____ Grade: _____

Diagnosis: _____

Name of Medication, Dosage, and Route: _____

Frequency and Indication To Be Administered: _____

Length of Time To Be Given: _____

Possible Side Effects: _____

Physician/DO/APN/PA Signature

Date

Medical Provider's Stamp with Address

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I hereby request the School Nurse to administer the above medication to my child as prescribed by the medical provider. I give permission for the release and exchange of information between the school nurse and my child's health care providers concerning my child's health and medications. In addition, I understand that this information will be shared with school staff on a need to know basis. This authorization is effective for the current school year and summer programs.

I acknowledge that Rutgers Preparatory School, Board of Trustees, employees, and/or its agents shall incur no liability as a result of any injury arising from the administration of medication to my child. I shall indemnify and hold harmless Rutgers Preparatory School, Board of Trustees, employees, and/or its agents against any claims arising out of the administration of medication to my child.

Print Name of Parent

Signature of Parent

Date

8/21/2015