



WATCHUNG HILLS REGIONAL HIGH SCHOOL

ELIZABETH C. JEWETT, PHD SUPERINTENDENT

TIMOTHY M. STYS, CPA BUSINESS ADMINISTRATOR

WILLIAM J. LIBRERA PRINCIPAL

Department of Health Services Authorization for Administration of Medication in School

The New Jersey State Law requires physician/dentist/APRN/PA's written order and the parent/guardian's authorization for a nurse to administer medications or, in his/her absence, the principal and/or designated staff to administer medications.

NAME OF STUDENT: _____ GRADE: __ DOB: _____

NAME & DOSAGE OF MEDICATION(S): _____

TIME TO BE GIVEN AT SCHOOL: _____ HOW TAKEN: _____ (Example: by mouth, by inhaler, with food or after meals)

RELEVANT SIDE EFFECTS TO BE OBSERVED, IF ANY: _____

REASON/HEALTH PROBLEM: _____

(Signature) _____ M.D. Date _____

Authorization by Parent/Guardian of the above medication by school personnel:

To School Personnel:

I request that the above medication, ordered by the physician/dentist/APRN/PA for my child _____, be administered by school personnel. I understand the ultimate responsibility for administration of the medication is mine and do hereby release, discharge and hold harmless WATCHUNG HILLS REGIONAL HIGH SCHOOL, its agents and employees from any and all liability and claim whatsoever for the administration of the above medication pursuant to these directions.

PARENT/GUARDIAN SIGNATURE DATE DAYTIME PHONE#

Reviewed by RN: _____ Staff _____ may/ _____ may not administer

RN (Print Name)

RN Signature