Dunellen Public Schools

Lehigh and High Streets
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DHS/LMS School Nurse

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Faber School Nurse

AUTHORIZATION FOR ADMINISTRATION OF OVER THE COUNTER MEDICATION IN SCHOOL FOR ACUTE ILLNESSES

The following section is to be completed by the PARENT/GUARDIAN:

_____ _____
Student's Name Grade

I request that my child be assisted in taking the medication described below at school by the School Nurse or other individuals authorized to administer medication to students in school pursuant to N.J.A.C:.6A:16-2.3. I understand the ultimate responsibility for administration of the medication is mine, and I am fully aware that the duties of the school nurse and others may require their presence at another location at the time that the medication is needed. I understand that the school district, agents and its employees shall incur no liability as a result of any condition or injury arising from the administration or lack of administration of the medication prescribed on this form. I indemnify and hold harmless the School District, its agents and employees against any claims arising out of administration or lack of administration of this medication.

_____ _____ _____
Parent/Guardian Signature Telephone Date

RECOMMENDATIONS ARE EFFECTIVE FOR ONE (1) SCHOOL YEAR ONLY
AND MUST BE RENEWED ANNUALLY

The following section is to be completed by the PHYSICIAN:

Diagnosis: (check all that apply)
_____Headache
_____Toothache/Dental pain
_____Menstrual Cramps
_____Musculoskeletal Pain
_____Earache
_____ Fever
_____ Other:_____

Medication: (Select one)
_____Ibuprofen _____mg. po q_____hrs prn
_____Acetaminophen_____mg, po q _____hrs prn
_____Other:_____mg q_____hrs prn

List significant side effects:_____

Any restrictions or limitations:_____

Date prescribed: _____ Date to be discontinued: _____

_____
Physician's Name Address Telephone no.

_____ _____
Physician's Signature Date

This form must be completed for **all OVER THE COUNTER MEDICATIONS**.
Ibuprofen, and acetaminophen will be provided by the school district.
Parent/Guardian will be notified prior to administration of the medication.