

AARON DECKER SCHOOL
98 Decker Road
Butler, NJ 07405
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James Manco
Principal

REQUEST FOR MEDICATION ADMINISTRATION BY A SCHOOL NURSE

Student's Name _____ Date of Birth _____

Parent/Guardian's Name _____ Telephone Work # _____

Home# _____ Cell# _____

Date _____

To Be Completed by Physician:

I certify that the above named student has the illness specified below, is physically fit to attend school and is free of contagious disease. I further certify that the student will not be able to attend school if the medication is not administered during school hours.

Name of Illness _____

Name and Purpose of Medication _____

Prescribed Dosage and Time to be Taken _____

Date and Time When Medication Should be Discontinued _____

Possible Side Effects _____

Physician's Name (Print)

Physician's Signature

Telephone Number

Date

To Be Completed by Parent/Guardian:

The School Nurse is requested to administer to _____
Student's Name

the medication prescribed by the physician listed above.

Signature of Parent/Guardian

AUTHORIZATION FOR SELF ADMINISTRATION OF MEDICATION

Date _____

To be completed by Parent/Guardian:

I/We hereby authorize the Butler Board of Education to allow my/our child _____ to self-administer the medication as described on the previous page. I/We acknowledge that the Butler Board of Education and its agents and employees will incur no liability as a result of any injury arising from the self-administration of medication requested herein. We hereby agree to indemnify and hold harmless the Butler Board of Education, the Butler School District, its agents and employees against any claims arising out of the self-administration of medication requested herein.

We will notify the school nurse if this medication is no longer required of self-administration is no longer directed by the physician. We understand that permission for self-medication is effective only for the school year for which it is granted, and that such permission may be renewed for each subsequent school year only upon the submission of a completed request form each year.

Mother

Father

Guardian

Guardian