HEALTHCARE PROVIDER AUTHORIZATION FOR MEDICATION Franklin Township School District

(Authorization valid for current school year 20____ - 20____)

Student:	Grade:	DOB:	_/	/	Date:
ightarrow Provider: Please complete this section	ı. Signature, Ad	ddress, Date	, and S	Stamp	are required.
It is necessary for this child to receive the fol	llowing medicat	ion during scl	hool ho	urs:	
Medication:					
Administration Start Date://	Discon	tinue Date: _	/_	/	
Dose & Route:		Administrati	on Tim	e(s):	
Diagnosis:					
Possible Side Effects:					
Allergies:					
□Dose may be omitted □ Time of administrati	intain original ord	·	rent/gua	ardian	
Healthcare Provider Signature		Date			
Healthcare Provider Printed Name			OF	FICE S	TAMP
→ <mark>Parent/Guardian Request Section</mark> : Plea	ase read and s	ign/date			
I give permission to the school nurse to administer medicat give permission for the exchange of information between the provider concerning my child's health and treatment.	tion to my child as prone school nurse and i	escribed above. I my child's healtho	also are		
I request that my child be assisted in taking the medication authorized to administer medication to students in school p administration of medication is mine, and I am dully aware another location at the time that the medication is needed. no liability as a result of any condition or injury arising from this form. I indemnify and hold harmless the School District or lack of administration of this medication	oursuant to NJAC: 6A that the duties of the I understand that the the administration or	:16-2.3. I underst school nurse and school district, it lack of administr	and the u dothers nagents ar agents ar	Iltimate in ay requent of the second its end its end in the mediane in the second in t	responsibility for uire their presence at nployees shall incur cation prescribed on
Describio Cinart		// Date	_		
Parent/Guardian Signature		Date			

Franklin Township School Medication Administration Guidelines

The procedure for the administration of medication is in alignment with District Policy 5141.21. The NJ DOE defines medication as a drug approved by the FDA for preventing, caring for, and assisting in the cure of disease and injury that has a written order from a physician licensed in medicine, dentistry, or osteopathy, or from an advanced practice nurse. Medication may include, but is not limited to, nutritional supplements, cough drops, acetaminophen/ibuprofen, eye drops, nasal sprays and topical ointments. Medication does not include herbal remedies.

- 1. The school nurse shall supply the parent/guardian of any pupil requiring medication at school with the necessary Medication Request forms.
- 2. ALL completed Medication Request forms shall be returned to the nurse and filed in the Health Office.
- 3. Medication will be administered to a student only with a written, signed statement from the physician and parent/guardian which includes the name of the medication, the purpose of its administration to the specific pupil for whom it is intended, its proper timing and dosage, and the date when its use should be discontinued. Also included in the physician's request will be its possible side effects and its usage during class trips.
- 4. The written documentation from the physician is the responsibility of the parent/guardian.
- 5. Medication in its original, labeled container MUST BE delivered by the pupils' parent/guardian to the school nurse. Students are NOT permitted to bring medication to school or carry it with them on the school bus or on school premises unless they have a written order to self-carry.
- 6. When any changes occur in the type, dosage and/or time of the medication during the current school year, the said change MUST BE accompanied by updated forms. This includes an order to discontinue medication before the specified end date.
- 7. If a medication needs to be discontinued or dosage changed prior to the original date for any reason, the school nurse may take a verbal order from a physician, which MUST be followed with a physician's written order within 48 hours.
- 8. Medication is stored in a secured locked space.
- 9. The Pupil Medication form(s) shall be maintained by the school nurse on each pupil receiving medication in school. At the end of the school year the medication order will be placed in the student health file.
- 10. Medication shall only be administered by the school nurse, school physician, substitute school nurse employed by the district, the student's parent/guardian or student who is approved to self-administer.
- 11. Medication shall be picked up by the parent/guardian at the end of the school year or when the medication is discontinued, whichever is earlier. If it is not picked up by the parent/guardian, it will be discarded by the school nurse five days after it has been discontinued or on the last day of school.
- 12. All medication requests are effective for one school year only and must be renewed annually.

The Health Office has a supply of calamine lotion, antibiotic ointment or first aid cream for scrapes, and allergy drops.