

MIDDLETOWN TOWNSHIP PUBLIC SCHOOLS
MIDDLETOWN, NJ 07748

MEDICATION PROCEDURE AND PERMISSION FORM

Dear Parent/Guardian/Caretaker and Physician:

Any medication, including all over-the-counter medication, administered by personnel of Middletown Township Public Schools must be accompanied by written orders from a physician. The medication must be in a labeled, prescription bottle with specific instructions. (Pharmacies will provide bottles for school use.) At no time is a student to transport or have in his/her possession any medication.

Student's Name: _____ Birth Date: _____

Address: _____ Phone: _____

School: _____ Teacher: _____

Physician's Authorization:

Medication: _____ Dose: _____

Time or circumstance of administration at school: _____

Duration of administration: _____

Reason for administration: _____

Side effects to be aware of: _____

Any additional instructions or follow-up: _____

Physician's Signature: _____ Date: _____

Parent/Guardian/Caretaker Permission:

Be advised that the district shall incur **NO** liability as a result of any injury arising from the administration of medication and that the parents/guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of administration of this medication.

I give permission to the nurse to administer the above medication to my child.

Parent/Guardian/Caretaker Signature: _____ Date: _____