

THIS SIDE TO BE FILLED OUT FOR STUDENTS WHO TAKE MEDICATION

Student's Name (Last, First): _____ Grade/Team: _____

IV. MEDICATIONS: Only medications prescribed by a licensed physician may be administered to a child and only by a registered nurse or physician. If your child requires medication (prescription or non-prescription) please complete the Medicine Dispensing form.

NOTE: If a child is to receive a prescription medication during the course of a field trip, a school nurse or School Health Aide must accompany the students to administer the medication, or the parent may accompany the child on the field trip to administer the medication, or the self-administration section is completed below.

V. PHYSICIAN'S REQUEST/INSTRUCTIONS FOR MEDICINE TO BE GIVEN BY SCHOOL NURSE TO BE FILLED OUT BY PHYSICIAN (IF APPLICABLE)

The following medication is to be administered to my patient (state patient's name): _____

MEDICATION _____ DOSE AND ROUTE _____

TIME GIVEN _____ DIAGNOSIS _____

SIGNIFICANT SIDE EFFECTS _____

LENGTH OF TREATMENT _____

M.D. Signature

M.D. Name (Please Print)

VI. PHYSICIAN'S REQUEST / INSTRUCTIONS FOR STUDENT SELF-ADMINISTRATION OF MEDICATION FOR A POTENTIALLY LIFE THREATENING ILLNESS. TO BE FILLED OUT BY PHYSICIAN (IF APPLICABLE)

The following medication is to be self-administered by my patient, _____.

I hereby certify that my patient has a life threatening illness and that my patient is capable of and has been instructed in the proper administration of the required medication.

MEDICATION _____ DOSE AND ROUTE _____ TIME GIVEN _____

DIAGNOSIS _____ LENGTH OF TREATMENT _____

SIGNIFICANT SIDE EFFECTS _____

M.D. Signature

M.D. Name (Please Print)

Date

Physician's Phone Number

VII. PARENT REQUEST AND RELEASE TO BE COMPLETED BY PARENT/GUARDIAN

I request my child, _____ to (receive) (self-administer) the medication designated above. I have been informed by the school district that the school district, its agents, servants, and employees shall incur no liability whatsoever as a result of any untoward reaction arising from the administration of medicine by my child. I hereby indemnify and hold harmless the **TENAFLY BOARD OF EDUCATION**, its agents, servants, and employees from any and all claims and shall defend any lawsuit that may arise out of or in connection with the administration of medicine by my child.

Date

Signature of Parent/Guardian