FLEMINGTON-RARITAN REGIONAL SCHOOLS Prescription and OTC Medication Administration

This form is to be completed for all medications other than asthma medications and epinephrine.

- *Original copy of this form is required by NJ State law.
- *State law requires that medication be renewed each school year.
- *Only one medication per form.

Name	Grade	DOB	Date
Diagnosis			
Allergies			
Medication			
Dosage	Time/Frequency		Route
Possible Side Effects			
MEDICATION ORDER FOR CLASS TR	IP DAYS (Please note most	trips are full day)	
Maintain original order Do	· -		•
MEDICATION ORDER FOR EARLY DI	SMISSAL		
Maintain original order O	mit afternoon dose		
medication listed above with paren Provider's Signature	Date	Office Stamp	
	rdian Consent for Giving	g Medication Duri	ing School
I request and give my consent for the School Nu			
A prescription medication must be delivered to prescription, name of medication, dosage and the original box.			
I give permission for the information on this formula welfare of my child.	m to be shared with the approp	riate staff members, coa	iches, and chaperones for the safety and
I give permission for the school nurse to speak v	vith the prescribing physician re	garding the medication	listed above, if necessary.
I request that my child be assisted in taking the administer medication to students in school pur medication is mine, and I am fully aware that th that the medication is needed. I understand that injury arising from the administration or lack of District, its agents and employees against any classical contents.	suant to $\underline{\text{N.J.A.C}}$:.6A:16-2.3. I ure duties of the school nurse and the school district, agents and administration of the medicatio	nderstand the ultimate rothers may require the its employees shall incured prescribed on this form	esponsibility for administration of the ir presence at another location at the time r no liability as a result of any condition or m. I indemnify and hold harmless the School
Signature of Parent/ Gua	rdian	-	 Date