SOARING HEIGHTS CHARTER SCHOOL

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Supervisor | Jersey City, NJ07305 | School Nurse

PARENT'S REQUEST TO ADMINISTER MEDICATION IN SCHOOL

Dear Parent/Guardian:

Please follow these guidelines:

- A new form is needed for all changes in medication, dose, or time.
- The medication should be brought to school by a parent/guardian.
- The medication container must be labeled by the pharmacy with student's name, doctor's name, name of the medication, dosage, route and expiration date.
- Medication order and written permission forms must be renewed at the beginning of each school year.
- You may fax the doctor's prescription and your permission letter to the school, but you must also send the original documents to the school later where they will be kept on file.

This form must be completed and signed by your child's physician.

Student's Name: _____ DOB: _____ Grade_____

Diagnosis: _____

Medication Name: _____ Dose: _____ Route: _____

Time/Frequency of administration_____

Side Effects: _____

Print Physician's Name: _____ Phone: _____

Physician's Signature and Stamp: _____ Date: _____

Parent Agreement for Medication Administration

I/We request designated personnel/School Nurse to administer medication as prescribed by the above medical provider. I/We authorize school personal to exchange information verbally or in writing with my child's physician regarding his medication(s) or condition(s). I/We relieve Soaring Heights Charter School staff of liability for administration of the above medication and will provide a written order of the prescribing physician for such medication. I/We have legal authority to consent to medical treatment to the student named above, including the administration of medication at school. I/We understand that at the end of the year, an adult must pick up the medication, otherwise it will be discarded. I/We also agree to keep the school inform of any revision in the prescription or treatment.

Parent/Guardian Signature: _____ Date: _____