

If Your Child Needs Medication During School

- **Save this form, make copies as needed, & take to the doctor when your child is ill. Bring completed form to school with medication**
- **Your child can only receive prescribed medication at school with this completed form***
- **Do not send medication to school with your child. Bring it to the main office or School Nurse's office**
- **Questions? Please email the Nurse: monya-mccarty@lccsnj.org or call: 201 332-0900 x17**

To Be Completed by Parent/Guardian:

Student's Name _____ DOB ___ / ___ / ___ Grade _____

Parent/Guardian (PRINT) _____ Best Day Phone _____

I give permission for the School Nurse to administer the medication listed below to my child as prescribed by his/her health care provider.

Parent/Guardian Signature _____ Date _____

To Be Completed by Child's Doctor or Nurse Practitioner:

I certify that the above student has been diagnosed with the illness specified below, is physically fit to attend school, and is free of contagious disease. Further, it is in the student's best medical interest to receive the medication at designated times within the school day.

Diagnosis necessitating medication _____

Medication prescribed _____ Dose _____

Route _____ Time(s) _____ Date and time to discontinue _____

Is this a controlled substance? ___ Relevant side effects _____

Is this student cleared for all participation, including PE? _____

Additional notes _____

Physician's Name _____ Signature _____ Date _____

Address _____ Phone _____

***Note: All nurses – including school nurses – cannot administer prescribed medication without a physician’s or nurse practitioner’s order; it is violation of NJ State law. LCCS policy encourages medication be given at home but if it is necessary during school hours, please use this or a similar form from your child’s doctor to allow medication during school hours. School Year _____ - _____**