

Oxford Central School
17 Kent Street Oxford, NJ 07863

Physician Authorization for Medication in School

New Jersey State Law requires a written statement from the physician for any medication—either prescription or over the counter to be dispensed to a student during school hours. These medication orders are only effective for the current school year. All medications must be transported to and from school by a responsible adult and must be in the original prescription container labeled by the pharmacy or in the original over the counter container.

Students with asthma and/or other potentially life threatening illnesses may be permitted to carry and self administer inhaled or injectable medication for the treatment/prevention of these illnesses. This shall be the case only if the physician deems the student responsible and has properly educated this individual in the administration of the medication.

PHYSICIAN'S ORDER

Student's Name: _____ Grade: _____ DOB: _____

Student's Address: _____

Diagnosis: _____

MEDICATION	DOSAGE/ROUTE	FREQUENCY/INDICATION

Side Effects of Medication: _____

Is student capable of self administration? *Please circle:* YES NO

Is student permitted to carry the medication? *Please circle:* YES NO

May medication be omitted on field trips? *Please circle:* YES NO

Must medication be given on school half days? *Please circle:* YES NO

Physician Signature: _____ Date: _____

Phone #: _____

_____ (*Office stamp here*)

PARENT AUTHORIZATION

As the parent/guardian of this student, I request that he/she be allowed to receive the medication prescribed above. I hereby agree to indemnify and hold harmless the Oxford Central School District, its agents and employees from any liability should any injury/reaction occur as a result of the administration of this medication.

Parent/Guardian Signature: _____ Date: _____

NO MEDICATION WILL BE ADMINISTERED UNTIL THIS FORM IS COMPLETED AND ON FILE IN THE NURSE'S OFFICE.

