

**PARK RIDGE HIGH SCHOOL
PARK RIDGE, NJ 07656**

Request For Administration Of Medication During School Day

Medication means any prescription drug or over-the-counter medicine.

All medication must be delivered to the school nurse in its original, labeled container by the parent/guardian.

When medication is no longer needed, it is to be promptly removed by the parent/guardian.

The following section is to be completed by the PARENT/GUARDIAN:

Name: _____
Last First Sex Date of Birth

Physician's Name Address Phone Number

I request the school nurse to administer the medication (described below) to my child, or that the student be permitted to self-medicate (only for life threatening illnesses).

Date Parent/Guardian Signature Home Phone Emergency Phone

The school district shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil and that the parent (s) or legal guardian (s) shall indemnify and hold harmless the school district, the Board, and its employees or agents from any and all claims arising out of the self-administration of medication

The following section is to be completed by the PHYSICIAN:

Diagnosis for which medication is prescribed: _____

Medication Name: _____

Dosage, Form, Timing: _____

Significant Side Effects: _____

Duration of Treatment: _____

Student MAY/MAY NOT self-medicate. (Please circle one)

Comments/Other Information: _____



Date Physician's Signature

Physician's Stamp