

Gerrard Berman Day School

Medication Consent Form 2017-2018

New Jersey State Law requires the use of a written consent form in order to dispense any medication in school. This includes all over-the-counter medications (Tylenol, Advil/Motrin, decongestant, cough medicines, eye drops, etc.) as well as all prescription medications. This form must be signed by both the parent and the doctor; there can be no exceptions and no telephone (verbal) permission. Under no circumstances will medication be dispensed without proper documentation. This permission form will remain in effect for the entire school year indicated (Sept- June). Any medication sent to school must be in the original container that is appropriately labeled by the pharmacy or manufacturer. A new form must be filled out for each new school year. A new form will be completed if additional medications are requested during the school year.

*** If you want **no** medications to be available to your child during the school year, write "NONE" across the form, **sign** and return it to the Nursing Office.

Thank you in advance,
School Health Office Ext 210

Name of Student _____ Grade _____

Prescriptions - Daily Administration or As Necessary

Name of Medication _____ Dosage _____

Reason for administration _____

Time of administration _____ Give if early dismissal Yes ___ No ___

Possible side effects _____

Name of Medication _____ Dosage _____

Reason for administration _____

Time of administration _____ Give if early dismissal Yes ___ No ___

Possible side effects _____

Over the counter - As Necessary Medications

Acetaminophen Dosage _____

Reason for administration _____

Ibuprofen Dosage _____

Reason for administration _____

Tums or Pepto-Bismol Circle choice Dosage _____

Reason for administration _____

Other OTC Medication Dosage _____

Reason for Administration _____

I authorize the school nurse to administer the above medications.

****Parent/ Guardian** _____

****Physician** _____ **MD STAMP:** _____

****MUST BE SIGNED BEFORE ADMINISTERING ANY MEDICATION****