

Saint Matthias School  
Somerset, New Jersey

ADMINSTERING MEDICATION

Recommendation of Family Physicians

In order to protect the health of ----- it is necessary  
for him/her to have the following medication during school hours.

Medication -----

Dosage -----

Time to be administered -----

Purpose of Medication -----

Side effects that might occur if medication is given or an overdose is given -----  
-----

Diagnosis -----

When to be discontinued -----

Authorization is hereby given for the school nurse to administer the above medication.

-----  
Date

-----  
Signature of Physician

-----  
Address

-----  
Telephone Number

Saint Matthias School  
Somerset, New Jersey

Administering Medication

Request from Parent

Dear School Nurse,

I hereby request that my child ----- who attends ----- grade,  
and is in -----homeroom, be administered medication during school  
hours as prescribed by his/her physician.

I understand that the ultimate responsibility for administering medication is mine  
and I am fully aware that no medication is to be kept in the student's possession.  
Teachers are not permitted to administer medication to students under any circumstances.

Medications must be delivered to the school nurse by the Parent or Guardian in its  
original, labeled container. I authorize the school nurse to administer the medication and  
release her and the school from any liability in connection with the administration of  
these medications.

-----  
Date

-----  
Signature of Parent

-----  
Home Phone Number

-----  
Work Phone Number

\*Form to be delivered in person to the school nurse or principal with both the physician's  
orders and medication.

For the purpose of this policy, "medications" means any prescription drug OR prescribed  
over-the-counter medicine or nutritional supplement and includes, but is not limited to,  
aspirin, cough drops or any ointments, lotions, etc.

PLEASE NOTE: WRITTEN ORDERS FROM THE PHYSICIAN MUST  
ACCOMPANY THIS REQUEST.