

MULLICA TOWNSHIP SCHOOL DISTRICT

500 Elwood Road, P. O. Box 318
Elwood, NJ 08217
Nurse's Phone: (609) 561-3868, ext. 223 ▪ Fax: (609) 561-9519

MEDICATION ADMINISTRATION FORM

Dear Parent/Guardian:

The Mullica Township Board of Education policy requires that all students who need medication during school hours must do the following:

1. Present a written consent form signed by the parent/legal guardian
2. Have the prescribing physician complete the Medication Request Form or an Asthma Action Plan (for asthma prescriptions)
3. Medicine must be delivered by the pupil's parent in its' original pharmacy labeled container to the nurse. Children may not deliver the medicine to school, to ensure safety of all the children in the school district.
4. Medication orders are good for the current school year only. New orders are needed every year and parent consent to give medication.
5. No over the counter medications are given without a valid prescriber's order and parent signature.

Child's Name: _____ Grade: _____ Age: _____

TO BE COMPLETED BY PHYSICIAN OR NURSE PRACTITIONER

Name of Medication: _____

Specific Dosage: _____ Route: _____ Frequency: _____

Time: _____ Duration of order/school year: _____

Are there any restrictions?: Yes / No If yes, what and how long? _____

Are there any side effects? _____



Provider's signature:

Provider Stamped Name/Address

TO BE COMPLETED BY PARENT OR GUARDIAN

I, _____, give permission for my child to receive the above medication as directed.

Parent /Guardian Signature: _____ Date: _____

Parent or Guardian Phone: _____

THIS REQUEST IS GOOD FOR THE CURRENT SCHOOL YEAR ONLY