Delsea Regional School District
Delsea High School Health Office

Cindy Mendenhall, RN **856-694-0100 ext.217** **FAX 856-694-2046** **Date:**
Kathy Daws-Lawrence, RN

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Administration of Medication

Name of Student:_____________________________ _______ _____ ______________
Last First Middle Grade Sex Date of Birth

Medical Condition being treated:

Diagnosis:____

Medication: ____________________ **Dosage:**__________________ **Time:**__________

How soon can it be repeated: ____

Is student authorized to self medicate (life threatening conditions only): _____________

Significant side effects/adverse reactions:______________________________________

Special instructions if side effects occur:______________________________________

How long is medication to be given (days, months, school year) : ___________________

To be given on half days? Yes__ No __ **To be given on field trips? Yes__ No __**

I certify that the above information is true and correct. The student is physically fit to attend school and is free of contagious disease. If the condition is life-threatening, I further certify that the student is capable of and has been instructed in the proper method of self medication.

____________________________________ ________________________________
Physician, Dentist, Advanced Practice Nurse (PRINT) **Physician, Dentist, APN signature**

__________________________ __________________
Office Phone Number **Date**

Parent/Guardian's Authorization for Medication or Self-Medication

I give permission for my child to receive from the School Nurse or to self-administer the above medication as directed by our family medical provider. This authorization if for this school year only and must be renewed for each subsequent school year. I agree to release Delsea Regional School District, their employees and agents from any and all liability that may result from the self administration of a medication by the student.

_________ ___________________________ ___________________ _______________
Date **Parent/Guardian Signature** **Phone (during school)** **Emergency No.**