

Lopatcong Township School District

Lopatcong Township Elementary School
263 Route 57
Phillipsburg, New Jersey 08865
Phone: 908-859-0800
Fax: 908-213-1339

Lopatcong Township Middle School
321 Stonehenge Drive
Phillipsburg, New Jersey 08865
Phone: 908-213-2995
Fax: 908-213-0373

PHYSICIAN'S AUTHORIZATION

Authorization for Oral Medication Including Inhalers During School Hours

School Year _____

Name of Student: _____ Age: _____ Grade: _____

Diagnosis with brief medical history: _____

Medication/Dosage: _____

Indication for Use (*Please be specific if medication is an inhaler*): _____

Time Medication is to be Given: _____

Possible Side Effects: _____

Emergency Orders: _____

Date

Signature of Physician

PARENT'S AUTHORIZATION

As parents/guardian's of _____, we request that the school nurse administer the above medication as ordered by my child's physician.

We understand and hereby release, discharge and hold harmless, Lopatcong Township Board of Education, its agents and employees, from any and all liability and claim whatsoever for the administration of the above medication to our child, should there develop an allergic or other reaction from the medication.

All prescription and non-prescription medication must be brought into the school in the original container and appropriately labeled by the pharmacist.

Signature of Parent

Signature of Parent

Date: _____

NO MEDICATION WILL BE ADMINISTERED UNTIL THIS FORM IS COMPLETED AND ON FILE IN THE NURSE'S OFFICE.