

**WATCHUNG BOROUGH PUBLIC SCHOOLS  
HEALTH OFFICE**

**Bayberry School**  
**908-755-8184**  
**Fax # 908-755-0366**

**Valley View School**  
**908-755-4422**  
**Fax # 908-755-4035**

**AUTHORIZATION FOR ADMINISTRATION OF  
PRESCRIPTION MEDICATION IN SCHOOL**

**The following section is to be completed by the parent/guardian:**

Student's name \_\_\_\_\_ grade \_\_\_\_\_

I request that my child be assisted in taking the medication prescribed below at school by the school nurse. I understand the ultimate responsibility for administration of the medication is mine, and I am fully aware that the duties of the school nurse may require her presence at another location at the time the medication is needed. I do hereby release the School Board of Education, its agents and employees from liability and responsibility for adverse effects due to the administration or lack of administration of this medication.

Parent name (print) \_\_\_\_\_ date \_\_\_\_\_

Signature \_\_\_\_\_

**The following section is to be completed by the practitioner:**

Diagnosis for which medication is given: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Dose/ frequency: \_\_\_\_\_

Side effects of medication: \_\_\_\_\_

Any restrictions or limitations: \_\_\_\_\_

Date medication is prescribed \_\_\_\_\_ Date to be discontinued \_\_\_\_\_

I verify that the medication is necessary for the student to fully participate in school.

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Practitioner's name \_\_\_\_\_ address \_\_\_\_\_ phone # \_\_\_\_\_

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Practitioner's signature \_\_\_\_\_ date \_\_\_\_\_

**\* Please note that there are different forms used for asthma medication and EPI-PENS  
This form must be individually completed for all prescription medication.  
Authorization for Medication must be completed for each school year.  
Medication which are administered daily will not be given on half session day.  
Medications are to be brought to school by the parents in the original container, labeled appropriately.**

