The Laurel School
of Princeton

REQUEST FOR ADMINISTRATION OF <u>AS NEEDED</u> MEDICATION IN SCHOOL

SECTION 1 - STUDENT INFORMATION

Student Name: ______________________ Date of Birth: __________

Homeroom Teacher: ______________________ Grade: __________

Parent Name: ______________ Parent Name: ______________

Daytime Phone: ______________ Alternate Phone: ______________

List Students allergies: ______________________

List other medication student is taking: ______________________

Diagnosis: headache, muscle ache, fever, discomfort, pain, inflammation, other:

SECTION 2 - MEDICATION INFORMATION

1. Name of Medication: ☐ Tylenol (Acetaminophine) ☐ Motrin (ibuprofen)

2. Dose: per package instructions Time (s) to be given: as needed every 4-6 hours

3. Route: ☑ Orally ☐ Inhaled ☐ Injected ☐ Other: __________

4. School Year: __________

OVER THE COUNTER MEDICATION MUST BE SUBMITTED TO THE NURSE BY THR PARENT/GUARDIAN (ADULT) UNOPENED.

GENERIC ACETOMINOPHEN OR IBUROFEN IS AVAILABLE IN THE HEALTH OFFICE. IF NEEDED.

SECTION 3 - CONSENT

* The nurse will administer Benadryl (diphendymine) and/or epi-pen (epinephrine) per physician standing order for severe allergy (not seasonal allergies) or anaphylaxis.

* The nurse will administer medication in the health office when it is necessary to support student health and safety in school.

Date: ______________ Physician Signature: School Physician Standing Oder on File

Physician Name (Stamp/Print): Dr. Richard Bezozo, Care Station, Linden, NJ 07036

I REQUEST THE NURSE ADMINISTER THE ABOVE MEDICATION

Date: ______________ Parent/guardian Signature: ______________

Print Name: ______________ Relationship: ______________

REQUEST TO ADMINISTER MEDICATION TERMINATES AUTOMATICALLY AT THE END OF SCHOOL YEAR.

Please return this form to: The School Nurse. Phone: 609-584-1800 ext 229 Fax: 609-584-6242 or 609-584-6166