



MADISON PUBLIC SCHOOL DISTRICT

359 Woodland Road • Madison, NJ 07940

Madison High School, Madison Junior School,

Central Avenue School, Kings Road School, Torey J. Sabatini School

Authorization to Carry and Self Administer Medication at School and at After-School Activities for the _____ School Year

Board of Education policy permits a responsible, trained student to carry and/or self-administer medication for asthma, severe allergic reaction, or diabetes on his/her person for immediate use in a life-threatening situation with written order of physician, parent request, school nurse and principal approvals.

HEALTH CARE PRACTITIONER ORDERS AND AUTHORIZATION

Student's Name _____ DOB _____ Date _____ School _____

Condition for which the medication is administered _____

Medication, dosage, and method of administration _____

Time and/or indication for administration _____

Side effects to be noted/reported _____

Care following administration or other recommendations _____

Is this a controlled drug: Yes _____ No _____ Duration of administration: From _____ To _____

IN MY OPINION, THIS STUDENT SHOWS CAPABILITY TO CARRY AND SELF-ADMINISTER THE ABOVE MEDICATION.

Practitioner's Name (Print)

Practitioner's Signature

Date

Phone Number

Office Address

PARENT/LEGAL GUARDIAN AUTHORIZATION

I request that my child, named above, be permitted to : _____ carry _____ self-administer the above ordered medication. I take responsibility for this permission. I understand that the medication must be in the original pharmacy container, labeled with name of student, prescribing health care provider, and medication; date of original prescription; strength and dose of medication; and directions for use. No more than a 45 school day supply of medication will be kept at school. This medication will be destroyed unless picked up within one week after the end of the school year or end of the medical order.

Parent/Guardian Signature

Date

Student Signature

Date

Parent Home Phone

Work Phone

Cell Phone

ADMINISTRATIVE AUTHORIZATION

We accept the above parent request and physician statement. We will permit and assist the student to be responsible, but reserve the right to withdraw the privilege if the student shows signs of irresponsible behavior or there is a safety risk. We will contact the parent as soon as possible in this event.

School Nurse Signature

Date

Principal Signature

Date