

SOARING HEIGHTS CHARTER SCHOOL

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Supervisor

Jersey City, NJ 07305

School Nurse

PARENT'S REQUEST TO ADMINISTER MEDICATION IN SCHOOL

Dear Parent/Guardian:

Please follow these guidelines

- A new form is needed for all changes in medication, dose, or time.
- The medication should be brought to school by a parent/guardian.
- The medication container must be labeled by the pharmacy with student's name, doctor's name, name of medication, dosage, and route and expiration date.
- Medication orders and written permission forms must be renewed at the beginning of each school year.
- You may fax the doctor's prescription and your permission letter to the school, but you must also send the original documents to the school later where they will be kept on file.

This form must be completed and signed by your child's physician.

Student's Name: _____ DOB: _____ Grade: _____

Diagnosis: _____

Medication Name: _____ Dose: _____ Route: _____

Time/Frequency of administration: _____

Side Effects: _____

Print Physician's Name: _____ Phone: _____

Physician's Signature and Stamp: _____ Date: _____

Parent Agreement for Medication Administration

I/We request designated personnel/ School Nurse to administer medication as prescribed by the above medical provider. I/We have the legal authority to consent to medical treatment to the student named above, including the administration of medication at school. I/We understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded. I/We also agree to keep the school inform of any revision in the physician prescription or treatment.

Parent/Guardian Signature: _____ Date: _____

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S/Y 2012-13

Dear Parent/Guardian:

Your child _____ has been receiving medication in school as you requested. It is school policy to return all medication to the pupil's home at the end of the school year.

If your child still requires any medication in school, please send the medication at the beginning of the next school year and fill in the enclosed form. Your child's medication cannot be given until this form is completed and returned to school.

If you have any questions or concerns, please contact me at (201) 434-2006.

Thank you for your cooperation and support in this matter.

Sincerely,

Myra Ibarra

School Nurse