Saint James School
Post Office Box 310
200 South Finley Avenue
Basking Ridge, New Jersey 07920
Phone: (908) 766-4774
Fax: (908) 766-4432
Website: www.sjsbr.org

AUTHORIZATION TO ADMINISTER MEDICATION IN SCHOOL

(TO BE KEPT CONFIDENTIAL UPON COMPLETION)

NAME OF STUDENT:____________________________________GRADE:________

DIAGNOSIS/ILLNESS:____

MEDICATION:____

DOSAGE:________________________________FREQUENCY:__________________

SPECIAL DIRECTIONS:____

POSSIBLE SIDE EFFECTS:____

- -

I certify that the above information regarding this Student is correct, and that administration of the above medication to this Student is necessary:

____ ____________________
Signature of Prescribing Physician Date

____ ____________________
Address Phone

- -

I/We authorize the School Nurse or, in his/her absence, the Principal to administer the above medication as indicated. I/We understand and agree that the School, the School Nurse and the Principal shall not be liable for any injury to the Student resulting from the administration of the medication as authorized by my signature below.

____ ____________________
Signature of Parent/Guardian Date

____ ____________________
Signature of Parent/Guardian Date