LINDEN PUBLIC SCHOOLS
DEPARTMENT OF MEDICAL INSPECTION
ACADEMY OF SCIENCE & TECHNOLOGY
128 WEST ST. GEORGES AVENUE
LINDEN, NEW JERSEY 07036

Danny A. Robertozzi, Ed.D.
Superintendent

J. Schulman, D.O.
Chief Medical Inspector
Joyce Hirsch, R.N.
Head School Nurse
(908) 486-2212Ext.8460
Fax (908) 925-8613

AUTHORIZATION FOR MEDICATION/PROCEDURE
GIVEN AND/OR SELF-ADMINISTERED DURING SCHOOL HOURS

_____	_____	_____
Student's Name	Date of Birth	Address

To be completed by parent and/or legal guardian:

I request that my child be given medication/procedure at school by an authorized representative of the Linden Board of Education and/or be permitted to self-administer medication/procedure as authorized by me and my physician. (see below)

I request that my child be given medication on the day of a school trip:

a. Prior to trip_____
b. Upon return from trip_____
c. Do not give day of trip_____

_____	_____	_____	_____
Parent/Guardian	Date	Home Telephone	Emergency Number

To be completed by Physician:

Diagnosis:_____
Medication:_____Dosage:_____
Procedure:_____Time of Day:_____
Length of time this treatment is prescribed:_____
Is child authorized and instructed to self-medicate and/or self-administer
Procedure?_____
Asthma/Allergy triggers_____
Special recommendations/considerations_____

Child should be given medication on the day of a school trip:

a. Prior to trip_____
b. Upon return from trip_____
c. Do not give day of trip_____

_____	_____	_____	_____
Physician's Signature	physician Name (print)	Date	Telephone

THE LINDEN BOARD OF EDUCATION AND ITS EMPLOYEES ARE NOT LIABLE AS A RESULT OF ANY INJURY AND/OR CLAIM ARISING FROM SELF-ADMINISTRATION OF MEDICATION/PROCEDURE.

*****MEDICATION PRESCRIPTIONS ARE EFFECTIVE FOR ONE SCHOOL YEAR ONLY AND RENEWAL IS REQUIRED ANNUALLY. ALL FORMS MUST BE ON FILE IN THE HEALTH OFFICE BEFORE MEDICATION CAN BE ADMINISTERED.**