

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
 Susan P. Fegan, R.N.
 Head Nurse
 (908) 486-5611
 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.