

LINDEN PUBLIC SCHOOLS

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

Dr. Marnie Hazelton
Superintendent



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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.**