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		Da	Date of Birth		Address	
To be completed by	parent and/or le	egal guardian:				
Board of E	at my child be ducation and/or (see below)	given medication/ r be permitted to s	procedure at school by an self-administer medication/	authorized represer procedure as author	ntative of the Linder rized by me and my	
a. b.	Prior to trip	given medication of the cometrip	on the day of a school trip:			
Parent/Guar	dian	Date	Home Telephone	Emerg	gency Number	
To be completed by	Physician:					
Diagnosis:			sage:			
Medication	:	Dos	sage:			
Procedure:	<u> </u>	Tin	ne of Day:			
Length of t	ime this treatme	ent is prescribed:				
is child auti	norized and inst	tructed to self-med	licate and/or self-administe	er ,		
Procedure?						
Asthma/All	ergy triggers_					
Special recommenda	tions/considera	itions				
Child should be give	n medication o	n the day of a scho	val trin.			
a.		ii die day of a selle	or ap.			
	Unon return 1	from trip	_			
. c.	Do not give o	lay of trip				
Physician's	Signature	I	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.