

**BERKELEY TOWNSHIP SCHOOLS
MEDICATION CONSENT FORM**

Berkeley Township Elementary School-Mrs. Cofone
Clara B. Worth School-Mrs. Manfredi

Bayville School-Mrs. Reece
H & M Potter-Mrs. Olsen

Student's Name: _____
Parent/Caregiver's Name: _____
Date: _____
Telephone: Home: _____ Work: _____ Cell: _____

PART 1: TO BE COMPLETED BY STUDENT'S PHYSICIAN OR DENTIST
PLEASE COMPLETE ALL SECTIONS THAT APPLY (One medication per consent form)

A. MEDICATION ORDERS:

I certify that it is essential to the health of the above named student that the following medication be administered by the school nurse during school hours as directed.

Diagnosis: _____
Name of Medication: _____
Dosage: _____ Mode of Administration: _____
Frequency: _____ Time of administration: _____
Side Effects/Precautions: _____
Length of time order is valid (may not exceed school year): _____

The above child is physically fit to attend school and free of contagious disease. The above child will not be able to attend school if the medication is not administered during school hours.

B. MEDICATION SCHEDULE ADJUSTMENTS:

If medication is to be given on a regular basis, please instruct below for special circumstances. Teaching staff will not give medication on class trips and students may not self-administer any medications except those for "life-threatening conditions" (N.J.S.A. 18A:40 - 12.3.)

- _____ Medication may be omitted on class trip.
- _____ Administer the medication when the student returns from class trip.
- _____ Parent will administer medication to his/her child while accompanying class trip.

- CIRCLE ONE: Administer/Do not administer medication on early closing days.
- CIRCLE ONE: Administer/Do not administer medication on delayed opening days.

Signature of Physician/Dentist: _____ Date: _____
Physician/Dentist Stamp: _____ Phone: _____

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PART 2: (To be completed by Parent/Caregiver)

**A. PARENT/CAREGIVER PERMISSION FOR SCHOOL NURSE ADMINISTRATION OF
MEDICATION**

To be completed by Parent/Caregiver:

I give permission for the school nurse to administer the medication described on the reverse side. I will notify the nurse immediately if this medication is no longer required.

I shall indemnify and hold harmless the District of Berkeley Township and its employees or agents for legal fees, costs, and any potential damages concerning the use of this medication arising out of any claims brought by the above named child or anyone else.

I further understand that this permission is effective for the school year for which it is granted and must be renewed for each subsequent school year upon fulfillment of requirements set by the board.

Parent/Caregiver Signature Date