



FORM H-4

Mendham Township Middle School

16 Washington Valley Road, Brookside, N.J. 07926

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AUTHORIZATION FOR PRESCRIPTION MEDICATIONS TO BE TAKEN DURING SCHOOL HOURS

Student Name: Date of birth: Grade:
Parent/Guardian Name:
Home Address:
Parent/Guardian Phone: Home: Cell: Work:

This section for completion by Licensed Medical Provider:

(STAMP)

LMP Name:
Address:
Phone:

Diagnosis for which medication is prescribed:
Name of medication: Route: Dosage:
Form: Frequency: Time(s):
If PRN, for signs & symptoms:
Significant side effects and/or contraindications:
Start date: Discontinue date:
Is child authorized to self-medicate her/himself? Yes No

A pupil is only permitted to self-administer medication for asthma or other potentially life-threatening illnesses. Every pupil that is authorized to use self-administered asthma medication MUST have their MDI accessible during the school day and have an Asthma Treatment Plan prepared by the pupil's LMP which shall identify, at a minimum, asthma triggers, the treatment plan and other such elements as required by the Department of Education (N.J.A.C. 6A:16-2.3(b). Students with medication orders for anaphylaxis must have an Allergy Action Plan completed by their LMP and epinephrine auto-injectors submitted to Health Office.

Provider's Signature: Date:

This section for completion by Parent/Guardian:

I request that the above medication be administered to my child. I understand and assume the responsibilities as required.

Parent/Guardian Signature: Date:

Please Note This completed form, along with the medication, must be hand delivered to the school nurse by the parent/guardian. The medication must be in the original container appropriately labeled by the pharmacy or medical provider.

Every Student Every Day!