



# Mendham Township Elementary School

18 West Main Street, Brookside, NJ 07926  
973-543-7107



Julianne Kotcho, Principal  
[jkotcho@mendhamtwp.org](mailto:jkotcho@mendhamtwp.org)

Kerri McCloskey, RN  
[kmccloskey@mendhamtwp.org](mailto:kmccloskey@mendhamtwp.org)

## 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.

