

# BRADLEY BEACH ELEMENTARY SCHOOL

515 BRINLEY AVENUE BRADLEY BEACH, NEW JERSEY 07720  
TELEPHONE: (732) 775-4413 FAX: (732) 775-2463 or (732) 775-2759



## HEALTH OFFICE - MEDICAL FORM

### MEDICATION PERMISSION FORM

ALL MEDICATIONS, PRESCRIPTION AND OVER-THE-COUNTER, REQUIRE WRITTEN PERMISSION FROM A PHYSICIAN/ADVANCED PRACTICE NURSE AND THE PARENT/GUARDIAN. THIS WRITTEN PERMISSION IS EFFECTIVE FOR THE SCHOOL YEAR FOR WHICH IT IS GRANTED (UNLESS OTHERWISE SPECIFIED) AND MUST BE RENEWED EACH SUBSEQUENT YEAR. ALL MEDICATION MUST BE IN ITS ORIGINAL LABELED CONTAINER AND DELIVERED TO THE SCHOOL NURSE BY THE PARENT/GUARDIAN.

STUDENT'S NAME \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

#### PHYSICIAN AUTHORIZATION

Medication Name: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time, Circumstance, & Length Of Administration: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Other Special Instructions: \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print or Stamp Physician Name, Address, Phone:

#### PARENT/GUARDIAN AUTHORIZATION

I request that the above medication as prescribed by my child's physician or advanced practice nurse be administered by the school nurse. I acknowledge that the Bradley Beach Board of Education shall incur no liability as a result of any injury arising from the administration of medication and indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of medication to my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_