



# Newark Board of Education

Roger León, Superintendent

Where Passion Meets Progress

## PARENT MEDICATION CONSENT FORM

I hereby request and give permission to the school nurse to administer to my child:

NAME: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Room: \_\_\_\_\_

MEDICATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I give permission for the school nurse to contact the physician as deemed necessary. Additionally, I give permission for my child's picture to be taken and used for identification purposes during medication administration.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Daytime phone numbers: \_\_\_\_\_

Address: \_\_\_\_\_

If I can not be reached, I designate

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

Address: \_\_\_\_\_

Daytime phone numbers: \_\_\_\_\_

as a responsible adult who would assume temporary responsibility in an emergency situation.

**NOTE:** If possible, parents are advised to give medication at home and on a schedule other than during school hours. If it is necessary that a medication be given during school hours, the following regulations must be followed:

- A written physician's order for the medication must be brought to the school nurse.
- The medication must be brought to school by the parent/guardian in the original container with the appropriate label attached. If medication is not properly labeled, it will NOT be given.
- The parent/guardian must sign this form, granting the school nurse permission to administer medication, according to regulations set herein.