

WASHINGTON TOWNSHIP SCHOOL DISTRICT

PARENTAL AND PHYSICIAN AUTHORIZATION FOR  
ADMINISTERING MEDICINES TO STUDENTS  
(Please use designated forms for Asthma or Allergy Medications)

**TO BE COMPLETED BY PARENT OR GUARDIAN:**

I request that my child \_\_\_\_\_, grade/teacher \_\_\_\_\_, date of birth \_\_\_\_\_ receive the medication as prescribed below by our physician. I understand the medication is to be furnished and brought in to school by me in the properly labeled or original container from the pharmacy. I understand that the School Nurse will administer the medication.

I do hereby release, discharge, and hold harmless Washington Township School District, its agents and employees from any and all liability and claim whatsoever for the self administration or administration by the nurse, of the medication listed below as a result of any injury arising from stated medication. I understand that this medication request needs to be approved by the principal and nurse prior to administration.

**Signature** (parent/guardian): \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE PHYSICIAN: (Must be written by physician only)**

I request that my patient, as listed below, receive the following medication:

Name of Student: \_\_\_\_\_ DOB \_\_\_\_\_

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

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

Prescribed **dosage, route/means of administering, how often** \_\_\_\_\_

Expected duration of treatment (ie, "school year 2016-2017" , -2 weeks," etc.): \_\_\_\_\_

Medication may be omitted during class trip if parent or nurse not available to administer  
**\*\*Please check:** \_\_\_\_\_YES or \_\_\_\_\_NO

**Both must be initialed for order to be valid (Medical Provider Must Initial below):**

\_\_\_\_\_ It is my medical opinion that this medication is necessary during the school day.

\_\_\_\_\_ This student is free from contagious disease and fit to attend school.

**Physician signature:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Physician Stamp (REQUIRED FOR ORDER TO BE VALID)**