

LINDEN PUBLIC SCHOOLS
DEPARTMENT OF MEDICAL INSPECTION
ACADEMY OF SCIENCE & TECHNOLOGY
128 W. ST. GEORGES AVE., LINDEN, NJ 07036

Atiya Y. Perkins
Superintendent of Schools



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**AUTHORIZATION FOR MEDICATION/PROCEDURE
GIVEN AND/OR SELF-ADMINISTERED DURING SCHOOL HOURS**

Student's Name Date of Birth Address

To be completed by parent and/or legal guardian:

I request that my child be given medication/procedure at school by an authorized representative of the Linden Board of Education and/or be permitted to self-administer medication/procedure as authorized by me and my physician. (See below)

I request that my child be given medication on the day of school trip:

- a. Prior to trip_____
- b. Upon return from trip_____
- c. Do not give day of trip_____

Parent/Guardian Date Home Telephone Emergency Number

To be completed my Physician:

Diagnosis: _____
Medication: _____ Dosage: _____
Procedure: _____ Time of Day: _____
Length of time this treatment is prescribed: _____
Is Child authorized and instructed to self-medicate and/or self-administer procedure?

Asthma/Allergy triggers_____
Special recommendations/considerations_____

Child should be given medication on the day of school trip:

- a. Prior to trip_____
- b. Upon school Trip_____
- c. Do not give day of trip_____

Physician's Signature Physician's Name (print) Date Telephone

THE LINDEN BOARD OF EDUCATION AND ITS EMPLOYEES ARE NOT LIABLE AS A RESULT OF ANY INJURY AND/OR CLAIM ARISING FROM SELF-ADMINISTRATION OF MEDICATION/PROCEDURE.

****MEDICATION PRESCRIPTIONS ARE EFFECTIVE FOR ONE SCHOOL YEAR ONLY AND RENEWAL ID REQUIRED ANNUALLY. ALL FORMS MUST BE ON FILE IN THE HEALTH OFFICE BEFORE MEDICATION CAN BE ADMINISTERED.**