

## PERTH AMBOY PUBLIC SCHOOLS

*Mrs. Eva Kucaba – Supervisor of Nursing and Health Related Services  
(732) 376-6200, Ext. 30-445*

### ADMINISTRATION OF MEDICATION IN SCHOOL

Dear Parent/Guardian:

Administrative policy of the Perth Amboy Public Schools requires the school nurse to have written permission from you and the attending physician. Medication administered by the school nurses should only be done in exceptional circumstances wherein the child's health may be jeopardized without it.

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#### Parent's Section:

As the parent/guardian of \_\_\_\_\_, Grade \_\_\_\_\_, Homeroom \_\_\_\_\_

Home telephone: \_\_\_\_\_, Work Number: \_\_\_\_\_, Cell Number: \_\_\_\_\_

I request that the below medication, as prescribed, be administered to my child.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Please have your doctor fill in the information requested on the form below. This form must be returned to the school nurse with a supply of the medication in the original, appropriately labeled pharmacy container by the parent/guardian.

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#### Physician's Section:

Diagnosis for which medication is given: \_\_\_\_\_

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

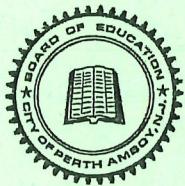
Times/Repetitions: \_\_\_\_\_ Contraindications: \_\_\_\_\_

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

Other Information: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Telephone number: \_\_\_\_\_



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### ADMINISTRACION DE MEDICINAS EN LA ESCUELA

Estimado Padre/Madre/Guardian:

Las normas administrativas de las Escuelas Públicas de Perth Amboy requieren que la enfermera escolar tenga permiso de usted y del medico de su niña/niño. La enfermera debe administrar medicina solo en casos excepcionales, en cuales la salud del niño pueda estar en peligro.

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#### Sección para llenar los padres:

Como madre/padres de: \_\_\_\_\_, del grado \_\_\_\_\_, salon de hogar \_\_\_\_\_,  
Apellido \_\_\_\_\_ Primer Nombre \_\_\_\_\_

# de teléfono \_\_\_\_\_, de tel. en su trabajo: \_\_\_\_\_, Cell phone: \_\_\_\_\_

Yo pido que se le administre a mi hija/hijo la medicina indicada debajo, según recete el doctor.

\_\_\_\_\_

\_\_\_\_\_

Por favor pidale a su doctor que proevea la información deceada debajo. Este formulario se le debe devolver a la enfermera de la escuela junto con la medicina en su botella original con la etiqueata de la farmacia.

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#### Sección para llenar el Doctor:

Diagnóstis que require esta medicina: \_\_\_\_\_

Medicina: \_\_\_\_\_ Dósis: \_\_\_\_\_

Veces al dia: \_\_\_\_\_ Contraindicaciones: \_\_\_\_\_

Efectos que pueda tener: \_\_\_\_\_

Otra información: \_\_\_\_\_

Nombre del doctor/la doctora: \_\_\_\_\_ Fecha: \_\_\_\_\_

Firma del doctor/doctora: \_\_\_\_\_ # de tel. \_\_\_\_\_