



# 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: \_\_\_\_\_

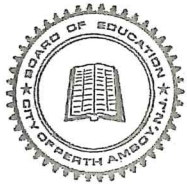
Times/Repetitions: \_\_\_\_\_ Contraindications: \_\_\_\_\_

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.

\_\_\_\_\_  
Firma del Padre/Madre

\_\_\_\_\_  
Fecha

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

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#### Sección para llenar el Doctor:

Diagnósis que require esta medicina: \_\_\_\_\_

Medicina: \_\_\_\_\_ Dosis: \_\_\_\_\_

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

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

Otra información: \_\_\_\_\_

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

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



## PERTH AMBOY PUBLIC SCHOOLS

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(732) 376-6200, Ext. 30-145

### Physician's Medical Report

Student/Grade/Homeroom: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Doctor

The person named above is a student at \_\_\_\_\_ and has been treated by/ sent to you for following conditions: \_\_\_\_\_

Please Supply the following information for my records:

1. Diagnosis: \_\_\_\_\_
2. Restrictions/Precautions, if any: \_\_\_\_\_
3. Date student can return to school (if applicable) \_\_\_\_\_
4. Medication required during school Hours? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please supply name of medication, dosage, and how often to be given:

Any additional pertinent information: \_\_\_\_\_

Please sign here and return to me.

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

Thank You for your prompt attention.

Regards,

Perth Amboy Education Center  
Nurse's Office  
178 Barracks Street  
Perth Amboy, NJ 08861  
(732)376-6200 ext. 31415