

**Rock Brook School**  
**109 Orchard Rd., Skillman, NJ 08558 T- (908) 431-9500 F- (908) 431-9503**

**Medication Order Form**

**STUDENT INFORMATION:**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Parent/Guardian Phone No. Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**MEDICAL PROVIDER INFORMATION:**

Licensed Medical Provider: \_\_\_\_\_

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

Phone \_\_\_\_\_

Physician Stamp
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**MEDICATION INFORMATION:**

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

Start Date: \_\_\_\_\_ Treatment to be continued until: \_\_\_\_\_

Route of Administration: \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Time(s) of administration: \_\_\_\_\_

Specific directions for administration: \_\_\_\_\_

Significant side effects, contraindications, or adverse reactions: \_\_\_\_\_

I request that the medication, named above, be given to my child. The medical provider explained to me the medication, its purpose and possible complications. I hereby acknowledge that Rock Brook School shall incur no liability as a result of any injury arising from the administration of this medication and hereby indemnify and hold harmless the Rock Brook School Board of Education and its employees or agents from any claims arising out of the administration of this medication.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Medical Provider Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## Medication Guidelines

Medication can only be given by the school nurse or the child's parent.

**All medication, prescribed and over-the-counter**, are to be brought to school by the parent/guardian in the original labeled container.

**All medication** administered to a student require a physician's order and signed by both the physician and the parent.

**All medication orders** must be **renewed at the beginning of each school** year. If your child attends the Summer Program, the medication may be renewed at the beginning of the summer through June of the new school year.

Medication is to be picked up by the parent/guardian at the end of the school year, or when discontinued/outdated.

It is recommended that the **first dose** of the day be **given at home**.



**It is important that you make the school nurse aware of all medications that your child is on due to possible reactions.**

For any question please call the school nurse at (908) 431-9500 or email the nurse at [nurse@rock-brook.org](mailto:nurse@rock-brook.org)