

**MONTCLAIR PUBLIC SCHOOLS  
MEDICATION CONSENT FORM**

**For all medication except Benadryl and Epinephrine for Life Threatening Allergies, Asthma Inhalers and Insulin**

Student's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent/Caregiver's Name \_\_\_\_\_ Date \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**PART 1- TO BE COMPLETED BY STUDENT'S PHYSICIAN OR DENTIST**

*One medication per consent form*

**PLEASE COMPLETE ALL SECTIONS THAT APPLY**

**A. MEDICATION ORDER**

I certify that it is essential to the health of \_\_\_\_\_ that the following medication be administered by the school nurse during school hours as directed.

**DIAGNOSIS:** \_\_\_\_\_

**NAME OF MEDICATION:** \_\_\_\_\_

**DOSAGE:** \_\_\_\_\_

**MODE OF ADMINISTRATION:** \_\_\_\_\_

**FREQUENCY OF ADMINISTRATION:** \_\_\_\_\_

**TIME OF ADMINISTRATION:** \_\_\_\_\_

**SIDE EFFECTS/PRECAUTIONS:** \_\_\_\_\_

**LENGTH OF TIME ORDER IS VALID (may not exceed school year):** \_\_\_\_\_

**B. MEDICATION SCHEDULE ADJUSTMENTS:**

Instructions for administration of medication on an altered school day:

\_\_\_\_\_ MEDICATION MY BE OMITTED ON A CLASS TRIP

\_\_\_\_\_ ADMINISTER THE MEDICATION WHEN THE STUDENT RETURNS FROM CLASS TRIP

\_\_\_\_\_ PARENT WILL ADMINISTER MEDICATION TO HIS/HER CHILD WHILE ACCOMPANYING CLASS TRIP

**CIRCLE ONE:** ADMINISTER / DO NOT ADMINISTER MEDICATION ON EARLY CLOSING DAYS

**CIRCLE ONE:** ADMINISTER / DO NOT ADMINISTER MEDICATION ON DELAYED OPENING DAYS

SIGNATURE OF PHYSICIAN/ DENTIST \_\_\_\_\_ DATE \_\_\_\_\_

PHYSICIAN/ DENTIST STAMP \_\_\_\_\_ PHONE# \_\_\_\_\_

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**PART 2- TO BE COMPLETED BY PARENT/CAREGIVER**

**A. Parent/Caregiver Permission for School Nurse Administration of Medication**

**I give permission for the school nurse to administer the medication described on the reverse side. I will notify the nurse immediately if this medication is no longer required.**

**I disclaim all liability of the Montclair Board of Education as it concerns the use of this medication.**

**I further understand that this permission is effective only for the school year for which it is granted. It must be renewed for each subsequent school year upon fulfillment of requirements set by the board of education.**

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**Parent/Caregiver Signature**

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**Date**