



Jersey Shore Area School District

LEARNING | GROWING | SUCCEEDING

Permission to Give Prescription Medication at School

*The administration of prescription medication in school is permitted with a **written doctor's order and parent permission.**

***Over the counter medication such as cold and cough medicine, must have a doctor's order and medication stored in nurse office.**

***Sign permission on emergency card for nurse to administer Acetaminophen, Ibuprofen, Tums**

*All prescription medication must be in the original bottle properly labeled.

***With doctor's permission a student may carry their Inhaler and/or EpiPen.**

Student Name _____

Medication	Dosage	Time	Route	Duration

Diagnosis _____

Side Effects _____

Physician's Name Printed

Physician's Signature

Physician's Phone Number

Date

Parent Permission

I give permission for my child to receive _____ at school as directed by the doctor.
(Medication Name)

Parent Signature

Date

Student Name / Grade / Teacher

I agree that the District and its employees are not to be held liable for giving medicine in accordance with this Authorization. I agree to hold harmless and indemnify the Jersey Shore Area School District and all of its employees against any and all claims, damages, expenses, attorney's fees, suits, cause or causes of action which may be brought against the District or its employees in connection with giving such medicine.

School	Phone	Fax	School	Phone	Fax
Jersey Shore Elementary	570-398-7120	570-398-5624	Jersey Shore Middle School	570-398-7400	570-398-5618
Avis Elementary	570-753-5220	570-753-3460	Jersey Shore High School	570-398-7170	570-398-5612