Newgrange School
An extraordinary place to learn

The Laurel School
of Princeton

REQUEST FOR ADMINISTRATION OF AS NEEDED MEDICATION IN SCHOOL

Student Information (Tylenol/Motrin)

Name _____ DOB:_____

Homeroom Teacher_____ Grade: _____

Parent Names(s)_____

Daytime Phone#: _____Alternate #: _____

List Student Allergies:_____

Other Medications:_____

Diagnosis:_____

Medication Information

Name of Medication:_____

Dose: _____ Time(s) to be administered_____

Route: ___ Orally ____Inhaled _____Injected _____Other: _____

Start Date:_____ End Date:_____

***Medication must be submitted to the school nurse by the parent/guardian in the original pharmacy labeled container.**
***Medication must be picked up at the end of the school year or be discarded.**

Consent

Medications should be administered a home whenever possible. The nurse may administer medications in the health office when it is necessary to support health and safety in school.

Date: _____ Physician's Signature_____

Physician Name (Stamp/Print): _____

I request the nurse administer the above medication.

Date: _____ Parent/Guardian Signature_____

Printed Name: _____ Relationship: _____

Request to administer medication terminates automatically at the end of the school year.
Please return this form to the Nancy Silverberg.
Phone: 609-584-1800 ext. 229 Email: nsilverberg@thenewgrange.org