



Burlington County Special Services School District

Authorization to Dispense Medication

Phone: (609) 261-5600 ext 2504

Fax: (609) 969-6029

Student _____ DOB _____ Campus- BCAS

As Parent/Legal Guardian of this student, I give permission for the school nurse to dispense medication during or after school hours, on school trips, respite weekends or any school-sponsored activity. I understand that all medication must be transported in the original labeled bottle and carried by an adult.

Parent/Legal Guardian Signature

Date

To be completed by the Student's Physician (Medical Home):
Physician's orders are needed for all prescription and nonprescription medications.

Student Diagnosis _____

Allergies to Drugs/Food/Latex _____

Medication(s), Dosage and Time Given at school

1. _____
2. _____
3. _____
4. _____
5. _____

Medications Given at Home

1. _____
2. _____
3. _____
4. _____
5. _____

- **An Asthma Treatment Plan is required when prescribing asthma medications**
- **An Anaphylaxis Individual Emergency Plan is required when prescribing epinephrine**
- **Seizure Action Plan when prescribing rescue medication**

Delayed school opening: Administer medication upon arrival (10:15 AM): YES NO
Medication should be omitted: YES NO

For field trips "if no nurse is available to accompany student": please circle

Administer medication after field trip	YES	NO
Omit medication for field trip	YES	NO
MUST receive medication as prescribed	YES	NO

Treatments (Catheterization, Tube Feeding, Trach Care, etc.)

Special Diet/Foods: _____

Physician's signature _____ Date _____

Physician's Printed Name _____ Phone Number _____

Address _____