



Burlington County Special Services School District  
**Authorization to Dispense Medication July 1, 2019 to June 30, 2020**  
 Westampton Campus Phone (609)949-7428 Fax(609) 949-7414

Student \_\_\_\_\_ DOB \_\_\_\_\_ Campus \_\_\_\_\_

As Parent/Legal Guardian of this student, I give permission for the school nurse to dispense medication during all school functions. **I understand that all medication must be transported in the original labeled bottle and carried by an adult/guardian to school.**

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 \_\_\_\_\_

Special Diet/Foods: \_\_\_\_\_

**\*\*\*MUST HAVE PHYSICIAN ORDERS FOR MODIFIED DIET AND FOOD ALLERGIES\*\*\***

**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.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_