

BOONTON PUBLIC SCHOOLS

This form must be completed fully for schools to administer the required medication. It must be completed at the beginning of each school year and when there is a change in dosage or time of medication administration.

SSS: _____

JHS: _____

BHS: _____

Medication Administration Form 2024-2025

Student Name: _____

Grade/HR: _____

Physician Portion: Doctor must complete and sign this section.

Purpose/Condition: _____ (PRN, describe symptoms) _____

Medication Name: _____

Dose: _____

Route: _____

Time/Frequency: _____

Prescriber's Name/Title: _____



(Use for MD stamp)

Parent Portion: Parents must sign and complete this section.

I permit the school nurse to administer medication to my child during school or at a school-sponsored field trip from **Sept. 2024 to June 2025** as prescribed/ordered by my doctor.

*The parents must **bring the medication, give it to the nurse**, and label it appropriately—the physician's name on all prescriptions.

Parent Signature: _____

Date: _____

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Non-prescription medication must be in the original container with the label intact.
- An adult must bring the medication to school.