



LACORDAIRE ACADEMY

155 LORRAINE AVENUE, UPPER MONTCLAIR, NJ 07043
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HEALTH OFFICE

MEDICATION CONSENT FORM

**For all medication except Benadryl and Epinephrine for Life Threatening Allergies,
Asthma Inhalers and Insulin**

Student's Name: _____ D.O.B. _____

Parent/Guardian's Name: _____ Date: _____

Telephone: Home: _____ Work: _____ Cell: _____

PART 1: TO BE COMPLETED BY STUDENT'S PHYSICIAN OR DENTIST

**One medication per consent form
PLEASE COMPLETE ALL SECTIONS THAT APPLY**

A. MEDICATION ORDERS:

I certify that it is essential to the health of _____ that the following medication be administered by the school nurse during school hours as directed.

Diagnosis: _____

Name of Medication: _____

Dosage: _____ Mode of Administration: _____

Frequency of Administration: _____ Time of Administration: _____

SideEffects/Precautions: _____

Length of time order is valid (may not exceed school year): _____

B. MEDICATION SCHEDULE ADJUSTMENTS:

Instructions for administration of medication on an altered school day:

____ MEDICATION MY BE OMITTED ON A CLASS TRIP

____ ADMINISTER THE MEDICATION WHEN THE STUDENT RETURNS FROM CLASS TRIP

____ PARENT WILL ADMINISTER MEDICATION TO HIS/HER CHILD WHILE ACCOMPANYING CLASS TRIP

CIRCLE ONE: ADMINISTER / DO NOT ADMINISTER MEDICATION ON EARLY CLOSING DAYS

CIRCLE ONE: ADMINISTER / DO NOT ADMINISTER MEDICATION ON DELAYED OPENING DAYS

Signature of Physician/Dentist: _____ Date: _____

Physician/Dentist Stamp: _____ Phone: _____

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PART 2: To be completed by Parent/Guardian

A. PARENT/GUARDIAN PERMISSION FOR SCHOOL NURSE ADMINISTRATION OF MEDICATION

To be completed by Parent/Guardian: I give permission for the school nurse to administer the medication described on the reverse side. I will notify the nurse immediately if this medication is no longer required.

I disclaim all liability of Lacordaire Academy as it concerns the use of this medication.

I further understand that this permission is effective for the school year for which it is granted and must be renewed for each subsequent school year upon fulfillment of requirements set by the school.

Parent/Guardian Signature

Date