

It is my understanding that the school nurses of Lindenwold charged with the administration of medication may rely upon my directions as contained in this document. I further certify that I am the physician who prescribed the medication and that the student named above is under my supervision as a patient for diagnosis and treatment. Any alterations from the above will occur only with written directions from the attending physician.

For the emergency administration of epinephrine for anaphylaxis, this form may be signed by either the physician or advanced practice nurse. In that case, the student named above requires the administration of epinephrine for anaphylaxis and does not have the capability for self-administration of the medication.

In addition, please indicate below whether the above-named student may or may not have his/her daily medication suspended for a field trip. Please understand that efforts will be made to employ a substitute nurse to accompany the class when students with health/medication needs are in attendance. The district cannot always guarantee the availability of a substitute nurse. A parent or guardian may accompany the student on a field trip for the purpose of administering medication.

_____ YES _____ NO This medication may be omitted on half days and field trips.

Physician's name (PLEASE PRINT)

Physician's signature (Stamped signature not acceptable)

Address

Phone number

Date