



# LACORDAIRE ACADEMY

155 LORRAINE AVENUE, UPPER MONTCLAIR, NJ 07043  
PHONE 973.744.1156 / FAX 973.783.9521 / www.lacordaire.net

## MEDICATION CONSENT FORM

(For all medications **EXCEPT** Benadryl for Anaphylaxis, Epi-Pen & Inhalers)

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

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

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:**

If medication is to be given on a regular basis, please instruct below for special circumstances. Teaching staff will not give medication on class trips and students may not self-administer any medications except those for "Life-threatening conditions" (N.J.S.A. 18A:40 – 12.3.)

\_\_\_\_ Medication may be omitted on 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.

Signature of Physician/Dentist: \_\_\_\_\_ Date: \_\_\_\_\_

Physician/Dentist Stamp: \_\_\_\_\_ Phone: \_\_\_\_\_



# LACORDAIRE ACADEMY

155 LORRAINE AVENUE, UPPER MONTCLAIR, NJ 07043  
PHONE 973.744.1156 / FAX 973.783.9521 / [www.lacordaire.net](http://www.lacordaire.net)

## MEDICATION CONSENT FORM

### 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