

**GLOUCESTER Co. SPECIAL SERVICES SCHOOL DISTRICT**  
NONPUBLIC NURSING PROGRAM  
1340 Tanyard Road  
Sewell, NJ 08080  
(856) 468-6530 x1045

**ST. MARY SCHOOL**  
32A Carroll Avenue  
Williamstown, NJ 08094-1713  
(856) 629-6190  
Fax # (856) 728-1437

**PHYSICIAN MEDICATION ORDER FORM**  
**•SIGNED ORIGINAL ORDER REQUIRED•**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Nonpublic School \_\_\_\_\_

**\* PLEASE PROVIDE A SEPARATE FORM FOR EACH MEDICATION THAT IS TO BE ADMINISTERED.**

**\*PHYSICIAN TO COMPLETE:**

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_ DC Date: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Precautions/Side Effects: \_\_\_\_\_

Date \_\_\_\_\_ Physician Signature \_\_\_\_\_

**(Original / No signature stamps please)**

Physician Name _____
Address _____
Telephone No. _____

**\* Please note: A Gloucester County Special Services School District (GCSSSD) nurse is not always available during school hours to administer this medication. Please contact the school principal to determine the manner in which medication will be dispensed in the absence of a GCSSSD nurse.**

**\* A medication order is effective July 1 - June 30 of each school year and must be renewed annually.**

I give permission for (name of student) \_\_\_\_\_

to receive medication at school as prescribed by Dr. \_\_\_\_\_

**I WILL BRING THE MEDICATION (PRESCRIPTION OR NON-PRESCRIPTION) TO SCHOOL IN THE ORIGINAL CONTAINER, PROPERLY LABELED, AND WILL PICK UP ANY UNUSED MEDICATION. (STUDENTS ARE NOT PERMITTED TO CARRY MEDICATIONS TO OR FROM SCHOOL.)**

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Legal Guardian Signature

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**GLOUCESTER COUNTY SPECIAL SERVICES SCHOOL DISTRICT  
PERMISSION FOR EMERGENCY ADMINISTRATION OF EPINEPHRINE**

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THIS ORDER MUST BE RETURNED IN ITS **ORIGINAL FORM**. FAXES AND COPIES WILL  
**NOT BE ACCEPTED.**

I, the parent/guardian of \_\_\_\_\_ authorize my child, a pupil at \_\_\_\_\_  
(Name of Student) (Nonpublic School)

School to be administered a pre-filled, single dose auto-injector mechanism containing epinephrine (provided by me) prescribed by our physician/or nurse practitioner as described below for anaphylaxis since he/she has a documented history of anaphylaxis and does not have the capability for self-administration of the medication. If the school nurse is not available, a designee will administer a pre-filled, single dose auto-injector mechanism containing epinephrine for anaphylaxis to my child. The designee has been properly trained by the school nurse using the "Protocol and Implementation Plan for the Emergency Administration of Epinephrine by a Delegate Trained by the School Nurse" established by the Department of Education in consultation with the Department of Health and Senior Services.

I understand that this permission is valid only for this school year and must be renewed for each school year, should my child's condition require it. **I further understand that neither the GCSSSD Board of Education, any district employee, chief school administrator of a nonpublic school, nor nonpublic school employee shall be responsible for any liability as a result of any injury arising from the procedures utilized for emergency administration of epinephrine to my child and that I shall indemnify and hold harmless the district or nonpublic school and its employees or agents against any claims arising out of the administration of a pre-filled, single dose auto-injector mechanism containing epinephrine to my child.**

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**Parent/Guardian Signature**

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**Date**

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