

Oakland Public Schools
Kindergarten / Grade 1 Registration Packet
2019-2020 School Year

To be completed at the time of registration:

- Registration Form
- Home Language Survey

To take with you to your child's physical examination:

- Letter on Physical Examinations
- Immunization Requirements (Information Sheet)
- Administration of Medication - Policy -File Code: 5141.21
- Medication Authorization Form

If you wish to register your child for Safety Town -:

- Safety Town Registration Form
- Safety Town Emergency Contact Information
- Safety Town Photo/Image Consent Form

The annual Oakland Public Schools registration for Kindergarten/Grade 1 Students (New to the District) and Safety Town is scheduled for:

Tuesday, January 22, 2019 from 9:30AM-11:30AM
Wednesday, January 23, 2019 from 9:30AM-11:30AM
Thursday, January 24, 2019 from 9:30AM -11:30AM

It is important that registration be completed on these dates at the school that the student will attend.

Please provide the following documents when a child is presented for registration in the District:

- A certified birth certificate for the child or other proof of the child's identity (e.g. passport).
- Proof of current immunizations for the child.
- Children are eligible for Kindergarten if they are five years old by October 1, 2019. At registration, parents may also register entering kindergarteners for the Summer 2019 Safety Town Program.
- Children are eligible for Grade 1 if they are six years old by October 1, 2019. This registration is only for those families who have a child attending a nonpublic kindergarten program this year, and plan to have their child attend our District's Grade 1 next year.

At least two of the following documents certifying residence in the District:

- Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from landlords, and other evidence of property ownership, tenancy, or residency;
- Voter registrations, licenses (only when combined with another form of proof), financial account information, current utility bills, delivery receipts, and other evidence of personal attachment to a particular location;
- Court orders, State agency agreements, and other evidence of court or agency placements or directives;
- Receipts, bills, canceled checks, insurance claims or payments, and other evidence of expenditures demonstrating personal attachment to a particular location or to support the student;
- Medical reports, counselor or social worker assessments, employment documents, unemployment claims, benefit statements, and other evidence of circumstances demonstrating family or economic hardship or temporary residency;
- Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, legal guardian, person, person keeping an affidavit student if you seek to enroll the student as an affidavit student;
- Documents pertaining to military status and assignment; and
- Any other business record or document issued by a governmental entity.

Please visit the Registration Forms page to download the required forms.

**The Oakland Public Schools
Enrollment Application/Registration Form**

Entry Grade _____ Resident School _____ Date _____

Proof of Residency (2 documents) _____

Child's Last Name _____ First Name _____ Middle Name _____

Date of Birth * ____/____/____ Birth Document _____ Male Female
(attach copy)

Please check the category that most clearly reflects your child's ethnicity/race. More than one may be checked.

- White Hispanic/Latino Asian Black or African American
 American Indian or Alaskan Native Hawaiian or Other Pacific Islander

Home Language _____ Native Language _____

Birth City _____ Birth State _____ Birth Country _____

Citizen: Yes No

PARENTS/GUARDIANS:

1. Father Mother Guardian Grandparent Stepfather Stepmother

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ - _____ - _____ Business Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____

Occupation _____ Business Name and Address _____

Business e-mail _____ @ _____ Home e-mail _____ @ _____

Does child live here? Yes No Can this person pick up the child? Yes No

Is this person a medical contact? Yes No

Should important school mailings be sent to this person? Yes No

2. Father Mother Guardian Grandparent Stepfather Stepmother

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ - _____ - _____ Business Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____

Occupation _____ Business Name and Address _____

Business e-mail _____ @ _____ Home e-mail _____ @ _____

Does child live here? Yes No Can this person pick up the child? Yes No

Is this person a medical contact? Yes No

Should important school mailings be sent to this person? Yes No

The Oakland Public Schools
Enrollment Application/Registration Form

PRIMARY EMERGENCY CONTACT: (if parents/guardians are unavailable)

[Relationship to Child]

3. Father Mother Guardian Grandparent Stepfather Stepmother

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ - _____ - _____ Business Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____

Occupation _____ Business Name and Address _____

Business e-mail _____ @ _____ Home e-mail _____ @ _____

Does child live here? Yes No Can this person pick up the child? Yes No

Is this person a medical contact? Yes No

MEDICAL INFORMATION:

Physician's _____ Address _____ Phone _____ - _____ - _____

My child has health insurance: Yes No Name of Provider _____

Date of last medical exam ____/____/____ Proof of current Immunizations Yes No

Date of last lead test ____/____/____ Lead level in student's last lead test _____

Hospital Preference (if any) _____

Note chronic diseases, food or any other allergies, migraines, seizures, frequent ear infections, etc., if any, that student may have: _____

Is this student on any medications? Yes No If so, list medication (s) and frequency of dosage:

Please check all that apply: Glasses Contact Lenses Orthodontics

The principal/administrator and/or the school nurse have my permission to share my child's health information with teachers and staff who work with my child.

Parent/Guardian Signature _____ Date ____/____/____

If you, your child's physician and/or other designated contact persons are not available, permission is granted to school personnel to follow appropriate and emergency procedures, if necessary.

Parent/Guardian Signature _____ Date ____/____/____

The Oakland Public Schools
Enrollment Application/Registration Form

OTHER (* Please note that the kindergarten entrance age is five years old by October 1.)

1. Nursery/Pre-School your child is currently attending (if applicable):

Name of School _____ Teacher _____

Address (street, city, state, zip) _____

2. School your child is transferring from:

Name of School _____

Address (street, city, state, zip)

3. Are there any handicapped preschool children in your family? Yes No

4. Has the child you are registering ever been evaluated by a Child Study Team? Yes No

5. Has the child you are registering been enrolled in an ESL program? Yes No

6. Is there a nonresident or custodial parent to whom important school mailings should be sent?

(name) (address) (telephone #)

Please list below, any pertinent information you would like to share with us:

1. School Secretary Review _____ Date _____

2. School Nurse Review _____ Date _____

3. Principal Contact with Transfer School _____ Date _____

(Grades 1-8)

4. Principal Approval for Enrollment _____ Date _____

The Oakland Public Schools
Enrollment Application/Registration Form

Please list all the children in the family (including the child you are enrolling), with the eldest first:

1. Child's Name Birth Date Birthplace

School Grade Living w/Family Yes No

2. Child's Name Birth Date Birthplace

School Grade Living w/Family Yes No

3. Child's Name Birth Date Birthplace

School Grade Living w/Family Yes No

4. Child's Name Birth Date Birthplace

School Grade Living w/Family Yes No

5. Child's Name Birth Date Birthplace

School Grade Living w/Family Yes No

Oakland Public Schools

Oakland, New Jersey

HOME LANGUAGE SURVEY

Dear Parents or Guardians:

In order to comply with N.J. State Law, we are required to survey all students as to language use background, so that student help in this regard can be provided if necessary. We would appreciate your completing the form below and returning it to your child's school office. Thank you.

Student's Name _____

School _____

Grade _____ Teacher _____

1. What language or languages are spoken in your home? _____

2. What was your child's first spoken language? _____

3. If English was not your child's first spoken language, at what age was your child first exposed to English?

4. What language does your child use most often....

a. When speaking to you? _____

b. When speaking to brothers, sisters and friends? _____

c. When speaking to other adults in the home (grandparents, aunts, uncles)? _____

Signature of Parent or Guardian

Date Completed

**The Oakland Public Schools
Oakland, New Jersey**

January 2019

Dear Parents/Guardians of Incoming Kindergarten/Grade 1 Students:

Re: Physical Examination Form

Under New Jersey State law, every student must be examined by a physician upon enrollment in school, and the examination report must be entered on the student's cumulative health record. The Oakland Board of Education requires that if you are enrolling your child in school for the first time, you provide a current Physical Examination Form showing an examination that was conducted within one year prior to September 2019. If your child previously attended school in a different district, that district should forward the documentation of your child's examination to our school office.

If you have a religious objection to the required physical examination for your child, you are permitted under State law to submit a signed statement to that effect. Your child may still be required to undergo an examination to the extent necessary to determine whether he or she carries a communicable disease and whether he or she is fit to participate in physical education activities.

Your child's Physical Examination Form and required immunization information should be submitted to the school office by May 1.

If you would like to discuss any critical health issues, please feel free to contact your school's Health Office to discuss these issues with the School Nurse.

Thank you. We look forward to welcoming your child to school in September.

Educationally yours,

Dr. Gina M. Coffaro

Gina M. Coffaro
Superintendent of Schools

- **Immunization information submitted by May 1**
- **Physical Examination Form submitted by May 1**

"one community.....one vision.....committed to excellence"



FOR SCHOOLS AND PARENTS: K-12 IMMUNIZATION REQUIREMENTS



**NJ Department of Health
Vaccine Preventable Disease Program**

New Jersey Minimum Immunization Requirements for Kindergarten-Grade 12 Attendance
N.J.A.C. 8:57-4 Immunization of Pupils in School

Guide for checking compliance

- Step 1: Each child attending/enrolling must present documentation of immunizations or valid medical or religious exemption to vaccines. In order to allow a child to enter school, he/she must have at least one dose of each age-appropriate required vaccine.
- Step 2: Determine child's present grade level.
- Step 3: Compare the child's record with the requirements listed on the chart below.

Grade/level child enters school:	Minimum Number of Doses for Each Vaccine							
	DTaP Diphtheria, Tetanus, acellular Pertussis	Polio Inactivated Polio Vaccine (IPV)	MMR (Measles, Mumps, Rubella)	Varicella (Chickenpox)	Hepatitis B	Meningococcal	Tdap (Tetanus, diphtheria, acellular pertussis)	
Kindergarten – 1 st grade	A total of 4 doses with one of these doses on or after the 4 th birthday <u>OR</u> any 5 doses*	A total of 3 doses with one of these doses given on or after the 4 th birthday <u>OR</u> any 4 doses*	2 doses†	1 dose	3 doses	None	None	
2 nd – 5 th grade	3 doses <i>NOTE: Children 7 years of age and older, who have not been previously vaccinated with the primary DTaP series, should receive 3 doses of Tetanus, diphtheria (Td)</i>	3 doses	2 doses	1 dose	3 doses	None	None	
6 th grade and higher	3 doses	3 doses	2 doses	1 dose required for children born on or after 1/1/98§	3 doses†	1 dose required for children born on or after 1/1/97 given no earlier than ten years of age**	1 dose required for children born on or after 1/1/97**	

Additional vaccines are recommended by the Centers for Disease Control and Prevention (CDC). The chart above lists only the vaccines that are required for school attendance in NJ. Please note that unvaccinated children, including those with medical and/or religious exemptions, may be excluded from school during a vaccine preventable disease outbreak or threatened outbreak to ensure public health safety.

For the complete CDC Recommended Immunization Schedule, please visit <http://www.cdc.gov/vaccines/schedules/index.html>.

* **DTaP:** Children who previously attended child care/preschool should have received 4 doses since the requirement to receive the fourth birthday booster dose (5th dose) does not apply until the child attends Kindergarten. However, if one of these 4 doses was given after the 4th birthday, this child will not need an additional dose for Kindergarten. Children will need 5 doses if all doses were administered prior to the 4th birthday in order to enter Kindergarten.

Polio: Children who previously attended child care/preschool should have 3 doses since the requirement to receive the fourth birthday booster dose (4th dose) does not apply until the child attends Kindergarten. However, if one of these 3 doses was given after the 4th birthday, this child will not need an additional dose for Kindergarten. Children will need 4 doses if all doses were administered prior to the 4th birthday.

† A child is required to receive two doses of measles, one dose of mumps, and one dose of rubella once he/she enters Kindergarten. Since single antigen (separate components of the vaccine) is not readily available, most children will have two MMR vaccines.

The Antibody Titer Law (Holly's Law, NJSA 26:2N-8-11), passed on January 14, 2004, requires the New Jersey Department of Health (NJDOH) to accept serologic evidence of protective immunity to measles, mumps and rubella in lieu of the second ACIP recommended measles, mumps and rubella vaccine. For more information, please visit http://nj.gov/health/cd/documents/antibody_titer_law.pdf.

§ Varicella vaccine is only required for children born on or after January 1, 1998. A child will not have to receive the varicella vaccine if he/she previously had chickenpox as long as a parent can provide the school with one of the following: 1) Documented laboratory evidence showing immunity (protection) from chickenpox, 2) A physician's written statement that the child previously had chickenpox, or 3) A parent's written statement that the child previously had chickenpox.

¶ Two doses of hepatitis B vaccine is acceptable if child received the vaccine between 11 – 15 yrs. of age AND the vaccine is identified as Adolescent Formulation. Children who present documented laboratory evidence of hepatitis B disease or immunity, constituting a medical exemption, shall not be required to receive hepatitis B vaccine.

** Tdap and Meningococcal vaccines are required for all entering 6th graders who are 11 years of age or older; 6th graders < 11 years must receive Tdap and meningococcal vaccines once age 11 is reached.

For the complete list of "NJ Immunization Requirements Frequently Asked Questions", please visit <http://nj.gov/health/cd/imm.shtml>.

ADMINISTERING MEDICATION

The Oakland Board of Education shall not be responsible for the diagnosis and treatment of student illness. The administration of medication to a student during school hours will be permitted only when failure to take such medicine would jeopardize the health of the student, or the student would not be able to attend school if the medicine were not made available to him/her during school hours.

For purposes of this policy, "medication" shall include all medicines prescribed by a physician for the particular student, including emergency medication in the event of bee stings, medication for asthma, diabetes or other medical diagnosis requiring medication during the school day, and all non-prescription "over the counter" medication (see policy 5141 Health).

Before any medication may be administered to or by any student during school hours, the board shall require the written request of the parent/guardian which shall give permission for such administration and relieve the board and its employees of liability for administration of medication. In addition, the board requires the written order of the prescribing physician which shall include:

- A. The purpose of the medication;
- B. The dosage;
- C. The time at which or the special circumstances under which medication shall be administered;
- D. The length of time for which medication is prescribed;
- E. The possible side effects of the medication.

Both documents shall be kept on file in the office of the school nurse.

The district medical inspector shall develop procedures for the administration of medication which provide that:

- A. All medications, whether prescribed or "over the counter", shall be administered by the medical inspector, school nurse or substitute school nurse, the parent/guardian or the student himself/herself where the parent/guardian so permits and with the school nurse present;
- B. Medications shall be securely stored and kept in the original labeled container;
- C. The school nurse shall maintain a record of the name of the student to whom medication may be administered, the prescribing physician, the dosage and timing of medication and a notation of each instance of administration;
- D. All medications shall be brought to school by the parent/guardian or adult student and shall be picked up at the end of the school year or the end of the period of medication, whichever is earlier;
- E. A student may self-administer medication without supervision of the school nurse for asthma or other life-threatening illnesses. "Life-threatening illness" has been defined as an illness or condition that requires an immediate response to specific symptoms or sequelae that if left untreated may lead to potential loss of life such as, but not limited to, the use of an inhaler to treat an asthma attack or the use of an adrenalin injection to treat a potential anaphylactic reaction.

ADMINISTERING MEDICATION (continued)

Each school in the district shall have and maintain at least one nebulizer in the office of the school nurse or at a similar accessible location. The superintendent shall prepare and the board shall adopt regulations on the administration of asthma medication through the use of a nebulizer by the school nurse or his/her designee(s). Regulations shall be in accord with New Jersey statute and administrative code and shall include, but not be limited to the following:

- A. Requirement that each school nurse shall be authorized to administer asthma medication through use of a nebulizer;
- B. Requirement that each school nurse receive training in airway management and in the use of nebulizers and inhalers consistent with nationally recognized standards;
- C. Requirement that each student authorized to use asthma medication or a nebulizer have an asthma treatment plan prepared by the student's physician that identifies, at a minimum, asthma triggers and an individualized health care plan for meeting the medical needs of the student while attending school or a school-sponsored event.

Student Self-Administration of Medication

The board shall permit self-administration of medication for asthma, diabetes or other potentially life-threatening illnesses by students who have the capability for self-administration of medication, both on school premises during regular school hours and off-site or after regular school hours when a student is participating in field trips or extracurricular activities. Parents/guardians of the student must meet the following conditions:

- A. Provide the board with written authorization for the student's self-administration of medication;
- B. Provide written certification from the student's physician that the student has asthma or another potentially life-threatening illness and is capable of and has been instructed in the proper method of self-administration of medication;
- C. Sign a statement acknowledging that the district shall incur no liability as a result of any injury arising from the self-administration of medication by the student and that the parents/guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the self-administration of medication by the student.

The board shall:

- A. Inform the student and his/her parents/guardians that 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 listed above;
- B. Inform parents/guardians in writing that the district and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication;
- C. Maintain the right to revoke a student's permission to self-medicate if he/she has failed to comply with all conditions of this policy and/or has violated in any way the tenets of the agreement to self-medicate. The superintendent shall confer with the school physician and school nurse prior to recommending termination of a student's permission to self-medicate and shall also consult with the student, the student's parents/guardians and the student's physician.

Upon written request of the parent or guardian and as provided in the individualized health care plan, the student shall be allowed to attend to the management and care of his/her diabetes in the classroom or on school grounds, if evaluated and determined to be capable of doing so consistent with the plan, and N.J.S.A. 18A:40-12.15 and board policy 5141 Health for specific rules regarding diabetes management.

ADMINISTERING MEDICATION (continued)Emergency Administration of Epinephrine

The board shall permit the school nurse or medical inspector to administer epinephrine via epi-pen or other pre-filled auto-injector mechanism in emergency situations. In their absence, a designee or designees who are employees of the board may do so.

The designees must be properly trained by the school nurse in the administration of the epi-pen or other pre-filled auto-injector mechanism using the standardized training protocol designated by the State Department of Education. Each designee shall receive individual training for each student for whom he/she is designated.

The board shall inform the student's parents/guardians in writing that if the specified procedures are followed, the district, its employees and agents shall have no liability as a result of any injury arising from the administration of the epi-pen or other pre-filled auto-injector mechanism to the student.

Parents/guardians shall provide the board with the following:

- A. Written orders from the physician that the student requires the administration of epinephrine for anaphylaxis and does not have the capability for self-administration of the medication;
- B. Written permission for the administration of epinephrine via epi-pen or other pre-filled auto-injector mechanism by the school nurse or designee(s);
- C. A signed statement acknowledging their understanding that if the specified procedures are followed, the district shall have no liability as a result of any injury arising from the administration of the epi-pen or other pre-filled auto-injector mechanism by the school nurse or designee(s) to the student and that the district, its employees, and agents shall be indemnified and held harmless against any claims arising out of the administration of the epi-pen or other pre-filled auto-injector mechanism to the student.

Permission for the administration of epinephrine via epi-pen or other pre-filled auto-injector mechanism shall be granted annually and must be renewed each school year upon the fulfillment of the above requirements.

Placement and Availability of Epinephrine, and Transportation to Hospital Emergency Room

Pursuant to P.L. 2007, C. 57, school policy requires:

- A. The placement of a student's prescribed epinephrine in a secure but unlocked location easily accessible by the school nurse and designees to ensure prompt availability in the event of an allergic emergency at school or at a school-sponsored function. The location of the epinephrine shall be indicated on the student's emergency care plan. Back-up epinephrine shall also be available at the school if needed;
- B. The school nurse or designee to be promptly available on site at the school and school-sponsored functions in the event of an allergic reaction; and
- C. The transportation of the student to a hospital emergency room by emergency services personnel after the administration of epinephrine, even if the student's symptoms appear to have resolved.

Emergency Administration of Epinephrine for First Time Allergic Reactions at School

The school nurse or trained designee shall be permitted to administer epinephrine via a pre-filled auto-injector mechanism to any student without a known history of anaphylaxis. This includes students whose parents/guardians have not submitted prior written permission or obtained prescribed medication as indicated in the rules above. Epinephrine may be administered to any student without a known history of anaphylaxis when the nurse or trained designee in good faith believes that the student is having an anaphylactic reaction

ADMINISTERING MEDICATION (continued)

The district shall maintain a supply of epinephrine auto-injectors that is prescribed under a standing protocol from a licensed physician or an advanced practice nurse in a secure but unlocked and easily accessible location. The supply of epinephrine auto-injectors shall be accessible to the school nurse and trained designees for administration to a student having an anaphylactic reaction.

Liability

No school employee, including a school nurse, or any other officer or agent of a board, or a physician or an advanced practice nurse providing a prescription under a standing protocol for school epinephrine shall be held liable for any good faith act or omission consistent with the provisions of law for the administration of epinephrine (N.J.S.A. 18A:40-12.5 et seq.). No action shall be taken before the New Jersey State Board of Nursing against a school nurse for any such action taken by a person designated in good faith by the school nurse to administer epinephrine according to law (N.J.S.A. 18A:40-12.6). Good faith shall not include willful misconduct, gross negligence or recklessness.

Implementation

The board may adopt additional regulations on all aspects of the administration of medication. When implementing school policy and P.L. 2007, C. 57, staff will consult these NJ Department of Education guidance documents:

- A. Training Protocols for the Emergency Administration of Epinephrine;
- B. Guidelines for the Management of Life-Threatening Food Allergies in Schools.

Adopted:	November 4, 2008 (Administration of Epinephrine)
Adopted:	August 19, 2008
NJSBA Review/Update:	January 2014
Readopted:	August 19, 2014
Revised:	August 23, 2016

Key Words

Administering Medication, Medication in School, Nebulizer

Legal References:	<u>N.J.S.A.</u> 18A:11-1	General mandatory powers and duties
	<u>N.J.S.A.</u> 18A:40-1	Employment of medical inspectors, optometrists and nurses; salaries; terms; rules
	<u>N.J.S.A.</u> 18A:40-3.2 <u>et seq.</u>	Medical and Nursing Personnel
	<u>N.J.S.A.</u> 18A:40-4	Examination for physical defects and screening of hearing of students
	<u>N.J.S.A.</u> 18A:40-7	Exclusion of students who are ill
	<u>N.J.S.A.</u> 18A:40-12.3	Self-administration of medication by student; conditions
	through -12.4	
	<u>N.J.S.A.</u> 18A:40-12.5	Policy for emergency administration of epinephrine to public school students
	<u>N.J.S.A.</u> 18A:40-12.6	Administration of epinephrine; primary responsibility; parental consent
	<u>N.J.S.A.</u> 18A:40-12.7	Nebulizer
	<u>N.J.S.A.</u> 18A:40-12.8	Administration of asthma medication by school nurse through nebulizer; training; student asthma treatment plan
	<u>N.J.S.A.</u> 18A:54-20	Powers of board (county vocational schools)
	<u>N.J.S.A.</u> 45:11-23	Definitions

ADMINISTERING MEDICATION (continued)

N.J.A.C. 6A:16-1.1 et seq. Programs to Support Student Development
 See particularly:
N.J.A.C. 6A:16-1.3,
 -2.1, -2.2, -2.3, -2.4

Bernards Township Education Association v. Bernards Township Board of Education, 1981 S.L.D. (9/29/81), aff'd State Board, 1982 S.L.D. 4/7/82, aff'd App. Div., unpublished opinion (A-4211-81T3, 5/18/83)

Communications Workers of America, Local 1033, On behalf of Karen Norton, Barbara Woolston, Mary Ellen Schoen et al. v. New Jersey State Department of Education, Marie H. Katzenbach School for the Deaf, State Board Docket #52-91

Policy Advisory #1 on N.J.S.A. 18A:40-12.3 et seq. Self-Administration of Medication By a Student, New Jersey State Department of Education, June 5, 1995

Protocol and Implementation Plan for the Emergency Administration of Epinephrine by a Delegate Trained by the School Nurse, New Jersey State Department of Education, October, 1998

Possible**Cross References:**

*5131.6	Drugs, alcohol, tobacco (substance abuse)
*5141	Health
*5141.1	Accidents
*5141.2	Illness
*5141.3	Health examinations and immunizations
*5141.8	Sports related concussion and head injury
*6153	Field trips

*Indicates policy is included in the Critical Policy Reference Manual.

**Oakland School District
Medication Form
2019-2020**

DOCTOR FILLS IN REQUIRED SECTIONS. Parents sign and return completed form to the school nurse. This form is required for over-the-counter or prescription medication administered in school.

Return this form only if you want to authorize medication administration.

STUDENT: _____ GRADE: _____

DATE OF BIRTH: _____ HOME PHONE: _____

Medication taken at home YES: _____ NO: _____

Name of Medication(s) taken at home: _____

The following **prescription medication** may be administered to my patient:

MEDICATION: _____ DOSAGE: _____

TIME TO BE GIVEN: _____ GIVEN FOR: _____

SIGNIFICANT SIDE EFFECTS: _____

The following **over-the-counter medication(s)** may be administered to my patient:

Cough Drop: _____ How frequently: _____ As needed for: _____

Tylenol: 325 mg _____ How many: _____ How Frequently: _____

OR 160 mg _____ How many: _____ How Frequently: _____

As needed for: _____

Motrin/Advil: 200 mg _____ How many: _____ How frequently: _____

OR 100 mg _____ How many: _____ How frequently: _____

As needed for: _____

Benadryl: Dosage: _____ How frequently: _____ As needed for: _____

Doctor Name (print): _____ **Date:** _____

Doctor Signature: _____ **Doctor Stamp:** _____

I request for my child, _____, to receive medication as listed above. I have been informed that the school district, its agents, and employees shall incur no liability whatsoever as a result of any untoward reaction arising from the administration of medication to my child. I hereby indemnify and hold harmless the Oakland Board of Education, its agents, and employees from any and all claims.

Parent Name (print): _____ **Date:** _____

Parent Signature: _____