

DR. NÉSTOR COLLAZO
Chief School Administrator

ROBERTO REYES, M.ED.
Principal

SHANESIA DAVIS-CLYBURN, M.ED.
Vice Principal

JEANIE PAZ, M.ED.
Vice Principal



The Academy for Urban Leadership
Office of the School Principal
612 Amboy Ave. Perth Amboy, NJ 08861
Tel. 848.203.3742
Fax 848.203.3948
www.aulcs.org

MEDICATION ADMINISTRATION PERMISSION

School Year _____

Dear Parent/Guardian:

The taking of medication in school is regarded very seriously. All medication, prescription or OTC (over-the-counter) can only be administered with written order provided from the prescribing physician in addition to a written request of the parent/guardian. This will give permission for the nurse to administer the medication as directed. Medication must be given to the nurse only in a currently labeled prescription bottle or OTC labeled packaging if unavailable currently in the medical office.

Pupils may take medication only in the presence of a nurse and at written request of a parent and physician with the following exception:

A pupil may be permitted to self-administer medication for asthma or other potentially life-threatening illness but the child's physician must certify in writing that the child is capable of and has been instructed in the proper administration of the required medication

Permission is effective the school year for which it is granted and must be renewed annually, following the above mentioned process. Prescriptions are valid up to expiration dates.

Academy for Urban Leadership Charter School (AULCS) takes NO responsibility for the diagnosis and treatment of pupil illness. The district shall incur NO liability result of any injury arising from the self-medication. Your assistance in adhering to our policies is greatly appreciated.

Student's Name: _____ Date: _____

Name of Medication: _____

Reason for Medication: _____

Dosage: _____ Time of Medication: _____

_____ Check here if requesting child to self-administer

I approve the taking of the above named medication. I indemnify and hold AULCS harmless against any injury or claims that arise as a result of the pupil's self-administration.

Parent/Guardian signature: _____

Physician's signature: _____

An Equal Opportunity Employer: The Academy for Urban Leadership is an Employer that offers Equal Employment Opportunity regardless of race, creed, color, national origin, nationality, age, sex, affectional or sexual orientation, marital/civil union status, religion or disability.