



The Academy of the Most Blessed Sacrament

785 Franklin Lake Road
Franklin Lakes, New Jersey 07417
Phone: 201-891-4250
ambs.org

August 2025

Dear Parents,

New Jersey State Law requires written authorization from you and your physician to administer any medication (**prescription or over-the-counter**) to your child while in school. The nurse and parent/guardian are the only ones permitted to administer medication in school or on class trips.

If it is necessary for your child to receive any medication in school, please ask your physician for written directions and have him/her complete the school Medication Administration form. Both the parent and the physician must sign the form.

Please bring the form and the medication, in the original bottle, with your child's name to the nurse's office and I will be happy to administer it.

There will be no exception to this policy.

Note: The very first dose of any medication **MAY NOT BE GIVEN AT SCHOOL.**

The authorization form can also be printed from the AMBS website. We hope to have a safe and healthy school year.

Sincerely,
School Health Office



The Academy of the Most Blessed Sacrament, motivated by the love of Christ, ensures that each student receive a superior education in a caring Catholic environment. Committed to the pursuit of excellence, students are guided through a personal journey of faith, education and service in order to reach their God given potential to become individuals capable of living in a changing and complex society.



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AUTHORIZATION TO ADMINISTER MEDICATION IN SCHOOL [To be kept confidential upon completion]

Name of student: _____ Grade: _____

Diagnosis/illness: _____

Medication: _____

Dosage: _____ Frequency: _____

Special directions: _____

Possible side effects: _____

I certify that the above information regarding this student is correct, and that administration of the medication to this student is necessary.

[Signature of prescribing physician]

[Date]

[Address]

[Phone]

I/We authorize the School Nurse, or in his/her absence, the Principal to administer the above medication as indicated. I/We understand and agree that the School, the School Nurse, and the Principal shall not be liable for any injury to the student resulting from the administration of the medication as authorized by my signature below.

[Signature of Parent/Guardian]

[Date]