

**Overnight Medication Administration Form (FOR AGES 12-15 ONLY)**  
**Harbor Haven 470 Prospect Ave, Suite 203B, West Orange, NJ 07052**  
**Phone (908) 964-5411 Fax (908) 964-0511**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medication Name (List only meds to be given at Harbor Haven)	Dosage Number of Tablets/Tsp	Administration Time	Reason	Possible Side Effects	Prescribing Physician's Name & <u>Signature</u>	Physician's Telephone Number
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Please make sure the medication is in its original prescription bottle with the same dosage directions as above.

You may give the overnight/late stay medication to your child's bus counselor if using Harbor Haven transportation. If your child is transported by parent – please hand the overnight medication to the senior staff member who assists your child out of the car upon arrival. Please pre-cut any tablets which are not given whole. Empty bottles will be returned on the van after the overnight.

**DO NOT PUT MEDICATION IN YOUR CHILD'S BACKPACK OR SUITCASE.** Thank you for your co-operation.

I hereby give permission for the nurse, director, or supervisor at Harbor Haven to administer the above named medications.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**I hereby give my permission for the following over-the-counter medications to be administered, if needed to my child at Harbor Haven.**  
**Tylenol (Headache) Pepto Bismol (Upset Stomach) Calamine Lotion (Itching).**

**Please list any other:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**This form must be complete, including the Physician's signature, otherwise the nurse is legally not allowed to dispense any medication. Additionally, each medication to be given must be in its own, prescription labeled bottle that matches these directions or it cannot be given.**