



AUTHORIZATION FOR MEDICATION ADMINISTRATION

Medications to be administered during the school day must be accompanied by a written physician's order, stating the child's name, medication and clear instruction for its use.

The medication must also be sent to the nurse's office in a current and original-labeled pharmacy container. Please notify the nurse's office by telephone in the morning if medicine is sent with a driver so that we can ensure that it is received and administered properly.

Under no circumstances may a child carry any medication, prescription or non-prescription, on his/her person.

Please arrange for your child's physician to complete this form and return it to us promptly. Medications will not be given during the school day without a written order from the doctor.

Child's Name: _____ Date: _____

Medication & Dose: _____

Directions: _____

Indications: _____

Anticipated duration of treatment:

Signature: _____

MD Name: _____

Campus Address • 342 Madison Hill Road • Clark, NJ 07066 • Ph: (732) 827.5885 • Fax: (732) 827.5456
Business Office • 170 Changebridge Road • Suite C5-3 • Montville, NJ 07045 • Ph: (973) 784.4787 • Fax: (973) 784.4788