

**RED BANK REGIONAL HIGH SCHOOL  
HEALTH OFFICE**

Gail Canning, RN  
School Nurse

101 Ridge Road  
Little Silver, NJ 07739  
(732) 842-8000 x 241  
Fax: (732)-842-8924

**MEDICATION PERMISSION FORM**

Any medication, including all over the counter, administered in school must be accompanied by written orders from a physician and parental permission. The medication must be in a labeled prescription bottle with specific instructions. (Pharmacies will provide bottle for school use.)

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

**Physician's authorization:**

Medication \_\_\_\_\_ Dose \_\_\_\_\_

Time or circumstances of administration at school \_\_\_\_\_

Diagnosis or illness \_\_\_\_\_ Duration of administration \_\_\_\_\_

Side effects/contraindications \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Parent/guardian permission:**

I authorize the school nurse to administer the above medication to my child and release and indemnify those persons and the school district from any liability in connection with the administration of this medication.

**Parent/guardian**

Signature \_\_\_\_\_ Date \_\_\_\_\_