

RED BANK REGIONAL HIGH SCHOOL HEALTH OFFICE

101 Ridge Road Little Silver, NJ 07739

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School Nurse Fax: (732)-842-8924

MEDICATION PERMISSION FORM

School Year _____

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 _____