



### MEDICATION RELEASE FORM

Dear Parents:

If your physician decides it is necessary for your child to receive medication during the school day, please complete the permission slip below and have your physician fill out the medication information. The following are the *NJ State Guidelines for Administering Medication* which the nurse must strictly adhere to. This policy includes both prescription and non-prescription medications such as Aspirin, Tylenol, cough drops or syrup, or vitamins.

1. **ALL** medication, in its original container, must be brought to the nurse's office upon arrival at school. Students may not keep medication with them at any time.
2. **ALL** medication must be accompanied by a note from the parent and a note from the physician containing specific instructions.
3. No parent telephone instructions will be accepted. All requests and directions must be sent to the nurse in writing from a physician.

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### The following section is to be completed by Physician:

Name of Student \_\_\_\_\_ Date of Order: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Time & Circumstances of Administration at School:: \_\_\_\_\_

Dosage: \_\_\_\_\_

Physician's Name and Telephone Number: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Please Place Physician's Stamp Here: \_\_\_\_\_

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### Parent Permission Slip:

I hereby give permission for my child, \_\_\_\_\_, to be given the above medication in school and will assume any responsibility for any reaction that may occur.

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

Telephone Number: \_\_\_\_\_

Marie Bahno, R.N.  
School Nurse