

HEALTH OFFICE

- FX Nurses: 973-389-2035 / 973-389-4225 / 973-389-4145 - Fax #: 973-389-4125
- FX Nurses: 973-790-6000 Ext. 5018 - Fax #: 973-389-4125
- Main Lobby Nurses: 973-389-7218 / 973-389-4226 - Fax #: 973-790-6670
- Rocco Nurse: 973-389-4169 - Fax #: 973-389-4146
- STEM Nurses: 973-585-2235 / 973-790-6000 Ext. 5019 - Fax #: 973-646-3542 / 973-646-3533

Medication Dispensing Form

Student's Name: _____ ID#: _____ Age: _____ Grade: _____

Medication Prescription: _____

Administration in School: _____ Home: _____

Effective Dates: From: _____ To: _____

Diagnosis: _____

Special Instructions: _____

It is my understanding that the School Nurse charged with the administration of medication may rely upon my directions as contained in this document. I further certify that I am the Physicians who prescribed the medication and that the student named above is under my supervision as a patient for diagnosis and treatment. Any alteration to the above will occur only with written directions from the attending physician.

Doctor's Name (Print)

Doctor's Signature

Doctor's Address

Doctor's Telephone Number

Patient's Medication Allergies

- The medication is to be provided by me in the original labeled container. This includes medication prescribed by a physician and all "over the counter" medication, such as Tylenol.
- To my knowledge, my child is not allergic to this medication.
- I hereby relieve the board and its employees of any and all liability that may result from administration of the medication to my child.

Parent/Guardian Signature

Emergency Phone #

Date