HENRY P. BECTON REGIONAL HIGH SCHOOL
Carlstadt - East Rutherford Regional School District

Dear Parent/ Guardian:

We attempted to discourage the administration of medication in schools. Howerever, if your physician decides it is necessary for your child to receive medication during the school day, the approval and specific directions must be provided to the school. It is recommended that the first dose, or doses of medication be administered at home.

Send the medication to School in the original or a duplicate bottle of box with the current prescription label or the container.

Please take this form to your physician and have the instructions recorded regarding the administration of your child's medication.

NO MEDIACION WILL BE PERMITTED UNTIL THIS FILED FORM IS RETURNED TO THE SCHOOL NURSE.

I hereby give my permission for the school nurse, medical director, substitute nurse or delegate if applicable to administer the ordered medication during the school day to my child.

_____ _____ _____

Name of child **Parent/Guardian Signature** **Parent Phone Number**

PHYSICIAN INSTRUCTIONS FOR GIVING MEDICATION IN SCHOOL

❑ See attached order

Student Name :_____ DOB:_____

COMPLETED BY PHYSICIAN

Date:_____ **Diagnosis:**_____

Name of Medication: _____

Dosage/Time/Frequency:_____

_____

_____ _____

Print Name Physician/Stamp **Physician Signature**