

**PEQUANNOCK TOWNSHIP PUBLIC SCHOOLS  
HEALTH OFFICE**

**AUTHORIZATION FOR ADMINISTRATION OF MEDICATIONS  
BY CERTIFIED SCHOOL NURSES**

New Jersey law requires a physician's written order and parent/guardian authorization for administration of any medication, prescription or over the counter.

The following prescription/non-prescription medication/s may be administered for the present school year (non-prescription may include, e.g. Tylenol, Advil, Lozenges, cough syrup):

**PHYSICIAN'S ORDER**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Order \_\_\_\_\_ Grade \_\_\_\_\_

Medication/s & Reason Given	Dosage	Time/s
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate what if any side effects may occur; and impact above medication may have on this student's school performance.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician Signature \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
Print Physician Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**AUTHORIZATION OF PARENT/GUARDIAN FOR CERTIFIED SCHOOL NURSE TO  
ADMINSTER THE ABOVE MEDICATION/S**

Date \_\_\_\_\_

I hereby request that the certified school nurse give my child, \_\_\_\_\_, the medication ordered by her/his physician.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian Print Name \_\_\_\_\_