

**MORRIS SCHOOL DISTRICT
HEALTH SERVICES**

MEDICATION AUTHORIZATION

(For prescription and over-the-counter medications)

One medication per form, please

Student's name _____ Birth date _____ Grade _____
nombre del estudiante fecha de nacimiento grado

Name of medication _____ School year _____
nombre de la medicina

Dose _____ Frequency _____ Route (by mouth, inhaled, etc) _____

Special instructions _____

Indication(s) for medication _____

Side effects of medication _____

Medication can be omitted: (circle all that apply)

field trips early dismissals delayed openings

I hereby give permission for the administration of the medication described above to the
aforementioned student by the Morris School district nursing staff.

Doy permiso a la enfermera de la escuela para administrarle la medicina descrita al estudiante indicada arriba.

Healthcare provider's signature

Date

Healthcare provider's stamp

Parent/guardian's signature

Date

Firma del padre

fecha

Parent/guardian's printed name

nombre del padre (escrita claramente)

Tylenol (acetaminophen) is supplied by the District at Frelinghuysen Middle School and Morristown High School Health Offices (**not at the elementary schools**) with the above form completed. All other medications must be provided by the parents in the original container along with this completed form.

Tylenol (acetaminophen) es suministrada por el distrito a la enfermería de Frelinghuysen Middle School y Morristown High School (pero no a las escuelas elementales) con esta forma completada. Otras medicinas deberán ser traídas en su envase original por los padres con esta forma completada.