

SAYREVILLE BOARD OF EDUCATION

HARRY S. TRUMAN ELEMENTARY SCHOOL
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Parlin, New Jersey 08859
Phone (732) 525-5215 Ext 2100
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PHYSICIANS MEDICATION ORDER

DATE OF ORDER: _____

MEDICATION NAME: (Generic or Brand): _____

DOSAGE STRENGTH: _____

ROUTE OF ADMINISTRATION: _____

FREQUENCY OF ADMINISTRATION: _____

Physician's Signature: _____ Date: _____

I, _____ give permission to the School Nurse to administer the above medication order as ordered by the Student's Physician.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature _____

Contact Number: _____