

**MOUNTAIN LAKES HIGH SCHOOL  
HEALTH OFFICE  
96 Powerville Road  
Mountain Lakes, New Jersey 07046  
Telephone: 973-334-8400 Ext.# 288 Fax: 973-334-3550  
Email: [lwojcik@mtlakes.org](mailto:lwojcik@mtlakes.org)**

**MEDICATION ORDERS/PERMISSION FORM**

**PHYSICIAN'S STATEMENT/ORDER:**

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time of School Day to be Administered: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Side Effects: \_\_\_\_\_

I authorize the school nurse to administer the above medication.

Date: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

**PARENTAL AUTHORIZATION:**

I, the parent/guardian of \_\_\_\_\_, request that the medication prescribed by my child's physician be administered to my child at the prescribed time during school hours. I understand it is the parent's responsibility to provide the prescribed medication to the school nurse.

Date: \_\_\_\_\_ Signature of Parent: \_\_\_\_\_