

MAGNOLIA PUBLIC SCHOOL DISTRICT

420 North Warwick Road, Magnolia, New Jersey 08049

Superintendent's Office:
(609) 783-2994, Ext. 811
FAX: 783-4651

Business Office:
(609) 783-4763, Ext. 816
FAX: 783-4651



Principal's Office:
(609) 783-2994, Ext. 810
FAX: 566-9736

Child Study Team O
(609) 783-0156, Ext.
FAX: 783-4651

AUTHORIZATION FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS

The following is to be completed by the parent/guardian:

CHILD'S NAME _____
 LAST FIRST SEX D.O.B.

PHYSICIAN'S NAME _____ ADDRESS _____ PHONE NUMBER _____

I request that my child be assisted in taking medicine(s) as described below at school by authorized persons or permitted to medicate himself/herself as also authorized by me and my physician.

DATE _____ PARENT/GUARDIAN SIGNATURE _____ HOME PHONE _____

THE FOLLOWING TO BE COMPLETED BY THE PHYSICIAN:
DIAGNOSIS FOR WHICH MEDICATION IS GIVEN _____

NAME OF MEDICATION _____

MODE OF ADMINISTRATION _____

DOSE _____

IF MEDICINE IS TO BE GIVEN DAILY, AT WHAT TIME _____

IS THE CHILD AUTHORIZED TO MEDICATE HERSELF/HIMSELF _____

IF CHILD SELF-MEDICATES HAS SHE/HE BEEN PROPERLY INSTRUCTED _____

LIST SIDE EFFECTS _____

DATE _____ PHYSICIAN'S SIGNATURE _____

PHYSICIAN NAME _____

PLEASE PRINT

THE ABOVE CHILD MAY BE EXCUSED FROM SCHOOL-TIME DOSE ON FIELD TRIP
YES _____ NO _____

THE ABOVE CHILD'S MEDICATION TIME MAY BE ALTERED FOR FIELD TRIPS.
YES _____ NO _____