



Weymouth Township School District

1202 Eleventh Avenue - Dorothy, NJ 08317
P: (609) 476-2412 F: (609) 476-3966
Weymouthtownshipschool.org



School Medication Policy
Effective School Year 2023-2024

Medication Consent

TO BE COMPLETED BY PAREN/GUARDIAN AND PHYSICIAN, IF APPROPRIATE

Medication: _____

Diagnosis: _____

Strength of Medication: _____

Dose(s) to be given: _____

Time(s) to be given: _____

Length of Time medication is to be administered: _____

Possible Side Effects: _____

I certify that (STUDENT'S NAME) _____ is to receive the above identified medication and grant my permission for such medication.

Physician signature is not required when physician consent to administration of medication is present on physician prescription, or Diagnosis Specific Action Plan.

Parent/Guardian Signature Date Signed

Parent/Guardian *Printed Name* Date Signed

Doctor/Dentist Signature Date Signed

School Nurse Signature Date Received/Signed