LENAPE REGIONAL HIGH SCHOOL DISTRICT

CHEROKEE	LENAPE	SENECA	SEQUOIA	SHAWNEE
856-983-5140	609-654-5111	609-268-4600	609-268-3700	609-654-7544
Fax: 856-810-4379 (grades 9 & 10) Fax: 856-810-4378 (grades 11 & 12)	Fax: 609-714-7808	Fax: 609-268-4389	Fax: 856-983-5143	Fax: 609-714-3009

ORAL CONTRACEPTION FORM - OVERNIGHT TRIPS

<u>These orders remain in effect during the school sponsored overnight trips.</u>

_________________________________ is to receive ____________________________ __________
STUDENT'S NAME MEDICATION DOSE

_________________________________ for the treatment of __________________________________
DOSING FREQUENCY DIAGNOSIS

POSSIBLE SIDE EFFECTS/COMMENTS ____

____

PHYSICIAN'S SIGNATURE ____

PHYSICIAN'S NAME/STAMP ____

ADDRESS ____

____

PHONE ____________________________________ DATE______________________

TO BE COMPLETED BY THE PARENT/GUARDIAN:

I grant my child consent to carry and take the oral contraceptive prescribed by our physician while on the overnight trip to _________________________. I acknowledge that the school district and its employees or agents shall incur no liability as a result of administration of this medication to my child. I give the school nurse permission to contact the physician and/or pharmacist with any questions concerning the medication. I give my permission for relevant health information to be shared with the teachers/staff.

PARENT'S/GUARDIAN'S SIGNATURE ____

DATE ______________________________

NOTE: Medication is to be dispensed in the original container.