



BRIELLE ELEMENTARY SCHOOL

605 UNION LANE

BRIELLE, NEW JERSEY 08730

www.brielleschool.org

PHONE 732-528-6400 FAX 732-528-0810

STACIE POELSTRA
Superintendent/
Principal

NANCY PEARSON
Director of Student
Personnel Services/Guidance

STEPHANIE PENNETTI
Dean of Students

DIANE QUIGLEY
Business Administrator/
Board Secretary

Student Medication Order

PLEASE HAVE THIS FORM COMPLETED BY YOUR STUDENT'S HEALTHCARE PROVIDER FOR ANY MEDICATIONS YOUR STUDENT NEEDS TO TAKE DURING SCHOOL.

PLEASE NOTE - ONLY ONE MEDICATION PER FORM. If your student is prescribed more than one medication, please get additional forms from the school nurse. Thank you.

_____ is being treated for _____
(Name of Student) (Specific disease or complaint)

and is permitted to take the following medication at school:

<p>Medication: _____ Dose: _____ (tabs - caps - puffs)</p> <p>Route: _____ Frequency: Every _____ hours</p> <p>*PLEASE GIVE SPECIFIC TIMES AND DOSAGE, NOT A RANGE FOR EITHER</p> <p>Duration Medication to be administered: School Year 20____ to 20____ OR</p> <p>Short Term: _____</p> <p>Adverse reactions to expect: _____</p>
--

PHYSICIAN STAMP	<p>_____ Physician Signature</p> <p>_____ Date</p>
------------------------	--

Authorization for School nurse to administer above medication to my student is hereby given:

Signature of Parent/Guardian

Date

Date Rec'd: _____	Genesis: _____	A45: _____
-------------------	----------------	------------

