Indian Hills High School
97 Yawpo, Oakland,NJ
201-337-0100
Shelly Storzum, MSN, RN,CSN
Lisa Wasserman, BSN, RN, CSN

Ramapo High School
331 George St, Franklin LakesNJ
201-891-1500
Tereena Elias, BSN, RN, CSN
Kylie Klimek, BSN, RN, CSN

MEDICATION FORM

PART A: Parent's Request for Administering Medication at School	
Student's Name (Please Print)	
Medication Prescribed by (Physician's Name)	
Period/Date Range	From: To:
***NOTE:** Medication must be in the original container and labeled. Form must be submitted annually.	

Statement of Request/Acknowledgement: I request that the medication (indicated above) be given by the school nurse/delegate to my child (named above). The medication is to be supplied by me in the original container and label. I acknowledge that the school district and its employees/agents shall incur no liability as a result of the administration of medication (stated above). I give the school nurse permission to contact the physician and/or pharmacist with any questions concerning the stated medication. I give permission for relevant health information to be shared with teachers/staff.

Parent/Guardian Name (Please Print):_____

Parent/Guardian Signature:_____

Date:_____ Telephone #:_____

PART B: Physician's Request for Administering Medication at School			
Date		**Name of Student**	
Diagnosis		Name of Medication	
Possible Side Effects/Adverse Reactions:			
Dosage		Time of Administration	
Starting Date		Ending Date	

Physician's Name/Signature:_____Date:_____
Physician's Stamp: