



THE
RUMSON
COUNTRY DAY SCHOOL

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35 Bellevue Avenue

Rumson, NJ 07760

www.rcds.org

Telephone: 732-842-0527

Health Office Fax: 732-704-1982

MEDICATION PERMISSION FORM

In accordance with the New Jersey Department of Education Guidelines for School Health and the Rumson Country Day School Policy on Administering Medications

"No prescription or over the counter medication will be administered without a written order from the student's physician or licensed prescriber and without a written request by parent or guardian for administration."

All medications must be sent to school in the original container accompanied by the physician's written request.

Name of Student: _____ Date: _____

Name of Medication: _____

Dose/Route/Frequency: _____

Instruction regarding administration: _____

Physician/Health Practitioner Signature: _____

Stamp:

Parent/Guardian Signature: _____