KINGSWAY REGIONAL SCHOOL DISTRICT

Committed to Excellence

Mrs. Megan Anastasia, RN, BSN, CSN
7th & 8th, ext. 3022

Mrs. Kate Richards, RN, BSN, CPN, CSN
9th & 10th, ext. 4221

Mrs. Barbara Neal, RN, BSN, CSN
11th & 12th, ext. 4216

Middle School Fax (856) 467-5968

High School Fax (856) 467-4136

Request for Administration of Medication at School

Date: _____ Grade: _____

Student's Name: _____ Date of Birth/Age: _____

1. Diagnosis: _____
2. Student may attend school while on the medication: YES _____ NO _____
3. Name of medication: _____
4. Dosage and time of administration during school day: _____
5. Length of time medication to be administered at school: _____
6. May be excused from school-time dose on field trip or half day: YES _____ NO _____

Physician's Signature: _____

Physician's Phone Number: _____

Address/Office Stamp:

Dear Parent/Guardian,

Pease sign to indicate approval for the school nurse to administer this medication to your child as ordered. Your signature also gives the ordering clinician permission to share, discuss, and release the order with the school nurse.

Date: _____ Parent/Guardian signature: _____

Please note: Medication must be brought to school in its original container by parent/guardian. Orders are valid only for the current school year.