Butler High School

Butler Public Schools
38 Bartholdi Ave
Butler, NJ 07405
973-492-2000
www.butlerboe.org/bhs
#smalltownbigheart #bdogpride

Mr. Rory Fitzgerald, Principal
RFitzgerald@butlerboe.org

REQUEST FOR MEDICATION ADMINISTRATION BY A SCHOOL NURSE

Student's Name_____
Date of Birth_____

To Be Completed By Physician
In order to protect the health of the above named student, it is necessary for him/her to have the following medication administered during school hours:

Medication_____

Purpose of Medication_____

Prescribed Dosage and Time to be Taken_____

Possible Side Effects:_____

Physician's Name_____Telephone#_____

Physician's Signature_____Date_____

To be Completed by Parent or Guardian
I request that the School nurse administer the medication prescribed by the Physician listed above.

Signature of Parent/Guardian_____ Date_____