NEWMARK
Education

2026-27 NEWMARK MEDICATION RELEASE FORM

If your physician decides it is necessary for your child to receive medication during the school day, please print and have your physician fill out the medication information, stamp and sign. Completed form must be returned to Newmark before your child starts Newmark. Note: if your child does not need medication, this form does not need to be submitted.

The following are the NJ State Guidelines for Administering Medication which the nurse must strictly adhere to. This policy includes both prescription and non-prescription medications such as Aspirin, Tylenol, cough drops or syrup or vitamins.

1. **ALL** medication, in its original container, must be brought to the nurse's office upon arrival at school. Students may not keep medication with them at any time, other than an asthma inhaler or similar medication for life-threatening conditions for which student self-medication is specifically authorized by statute upon compliance with applicable procedures.
2. **ALL** medication must be accompanied by a note from the parent and a note from the physician containing specific instructions.
3. No parent telephone instructions will be accepted. All requests and directions must be sent to the nurse in writing from a physician.

☑ Authorization for Medication Release is valid for school hours and all After School related activities, including, but not limited to After School Clubs, Student Socials, Productions and FBLA.

The following section is to be completed by the Physician:

Name of Student: _____**Date of Order:** _____

	Name of Medication	Time/Circumstances Administered at School	Dosage
1.			
2.			
3.			

List additional medication, frequency/dosage on separate sheet.

Physician Name: _____**Phone**: _____

Physician Signature: _____

Physician's Stamp:

The following section is to be completed by Parent:

I hereby give permission for my student, _____ to be given the above medication in school during school hours and for any after school activities/events, and will assume any responsibility for any reaction that may occur.

Parent Signature: _____ **Date:** _____ **Phone:** _____