



# NEW ROAD SCHOOL

## Of Ocean County

810 TOWBIN AVENUE

LAKESWOOD, NEW JERSEY 08701-5928

TEL: (732) 886-6888

FAX: (732) 886-6990

### PHYSICIANS ORDER TO GIVE MEDICATION

\_\_\_\_\_ Extended School Year Program \_\_\_\_\_ School Year Date: \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

MEDICATION \_\_\_\_\_

DOSAGE \_\_\_\_\_

TIME \_\_\_\_\_

ROUTE OF ADMINISTRATION \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_

SIDE EFFECTS \_\_\_\_\_

PRINT PHYSICIANS NAME, ADDRESS AND PHONE NUMBER

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHYSICIANS SIGNATURE** \_\_\_\_\_

### PARENT/GUARDIAN PERMISSION TO MEDICATE

The New Jersey State Law provides for the following procedure if your child must take medicine during school hours.

1. Parent must sign a permission slip giving the school permission to administer medicine.
2. The doctor must sign an authorization slip stating the medication, diagnosis, dosage, route of administration, side effects and time schedule the drug is to be given.
3. Medication must be brought to school in its original container with the pharmacist's label, stating child's name and the dose to be administered.

**NO CHILD WILL BE ALLOWED TO MEDICATE HIM/HERSELF DURING SCHOOL HOURS.**

### PERMISSION TO MEDICATE

STUDENT'S NAME: \_\_\_\_\_ TIME : \_\_\_\_\_

MEDICATION: \_\_\_\_\_ DOSAGE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Authorization to Medicate

Please use a separate sheet for each medication to be given.