

Delran Township Schools
Medication Permission Form

Authorization is hereby given for medication to be administered in school to:

Student _____ Grade _____

Diagnosis _____

Medication _____

Dosage & Frequency _____

Signature of Physician (or Health Care Provider)

Date

Physician/Provider Stamp Here

Signature of Parent/ Guardian

Date

Dear Parent/Guardian:

Delran Township Board of Education policy states that Health Services Personnel are to administer medications to students only if medication has been prescribed by the child's physician detailing the type of illness, drug use, dosage and time of administration. In addition, the parent/guardian must sign this permission form and return it to the school nurse, who will keep the form along with the medication.

All prescription medication sent to school must be in labeled pharmacy containers.

Over the counter medication must be in the original container. An adult **must** deliver the medication to the school.

Superintendent of Schools