West Cape May Elementary School
301 Moore Street
West Cape May, NJ 08204
(609) 884-4614 Fax (609) 884-0932

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN SCHOOL

_____ has been diagnosed with the following:
Student's Name

_____
Diagnosis/Condition

This diagnosis necessitates that this child receive the following medication during school hours.

Medication: _____

Dosage/Time: _____

Side Effects/Special Instructions: _____

_____

_____ _____
Physician's Signature Date

Physician's Contact Number _____

PARENTAL PERMISSION FOR ADMINISTRATION OF MEDICATION and MEDICAL PRIVACY STATEMENT

1. The School Nurse has my permission to administer medication to my child, _____

_____, as prescribed by the above physician's orders.

2. ***Medical Privacy Statement:*** *To insure the appropriate care of my child, I read and agree that pertinent health information regarding my child may be provided to the school nurse. I further agree that the school nurse may consult with my child's physician regarding the above medical condition.*

_____ _____ _____
Parent Signature Phone Date