

**BORDENTOWN REGIONAL SCHOOL DISTRICT
SCHOOL HEALTH SERVICES**



*Sam Tola, Supervisor of Nursing
(609) 298-0025 Ext. 1108*

Donna Glover, RN
Bordentown Regional HS
318 Ward Avenue
Bordentown, NJ 08505
(609) 298-0025 x1109

Katherine Thornton, RN
Bordentown Regional MS
50 Dunns Mill Road
Bordentown, NJ 08505
(609) 298-0674 x2009

Linda Brown, RN
MacFarland IS
87 Crosswicks Street
Bordentown, NJ 08505
(609) 291-7192 x5110

Linda Eaton, RN
Peter Muschal ES
323 Ward Avenue
Bordentown, NJ 08505
(609) 298-2600 x4109

Lisa Mynarski, RN
Clara Barton ES
100 Crosswicks Street
Bordentown, NJ 08505
(609) 298-0676 x3109

MEDICATION PERMISSION FORM

I HEREBY REQUEST THE FOLLOWING MEDICATION TO BE GIVEN TO MY CHILD AT THE PRESCRIBED TIME AND DOSAGE BY A CERTIFIED SCHOOL NURSE.

NAME: _____ SCHOOL: _____

ADDRESS: _____ AGE: _____

_____ SCHOOL YEAR: _____

PHONE #: _____

PARENT/GUARDIAN SIGNATURE

DATE

****TO BE COMPLETED BY PRIVATE PHYSICIAN****

NAME OF MEDICATION: _____

DOSAGE: _____ DATE TO END: _____

SIDE EFFECTS: _____

IN THE EVENT OF SCHOOL TRIPS, STUDENT MAY SKIP MEDICATION DOSE FOR THAT DAY.
(Please check one)

YES

NO

PRINTED NAME OF PHYSICIAN: _____

PHYSICIAN'S SIGNATURE: _____

PHONE #: _____

DATE: _____

PLEASE NOTE:

- 1. Medication is to be brought to school in the original container, labeled by the pharmacy.
- 2. All medications will be kept in a locked storage area.