

FRANKLIN LAKES PUBLIC SCHOOLS

High Mountain Road School
765 High Mountain Road, Franklin Lakes, New Jersey 07417

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Jaelyn Bajzath
Principal

Jane Ann Linde, RN, BSN, CSN
Nurse

MEDICATION PERMISSION FORM

Dear Parent or Guardian:

If it is necessary for your child to receive medication during the school day, please deliver it to the school in the **original pharmacy container with the label intact, along with this COMPLETED FORM signed by both the physician and the parent/guardian.** NOTE: It is recommended that the first doses of medication be administered at home if possible.

Physician's Instructions

Child's Name: _____ Grade: _____
Under my care for: _____
Medication: _____
Dosage: _____ Frequency: _____
Time To Be Given: _____ Duration: _____
Can a reaction be expected? Yes No If yes, please describe: _____

Physician's Signature: _____ **Date:** _____
Physician's Name: _____ Phone #: _____

Parent's/Guardian's Notes

Administer this medication on early dismissal days? Yes No
Administer this medication on field trips? Yes No
My child has been instructed on and has my permission to carry and self-administer this medication.
(EpiPen and Inhalers only) Yes No

I give permission to the school nurse to administer the above-prescribed medication. I hereby relieve the Board and its employees of any and all liability that may result from the administration of this medication to my child.

Parent/Guardian Signature: _____ **Date:** _____
Parent/Guardian Name: _____ Phone #: _____

