

**Monmouth Regional High School
Health Office**

One Norman J Field Way ~ Tinton Falls, New Jersey 07724
Telephone: 732- 542-1170, extension 1132/1141 ~ FAX: 732-544-1418
www.monmouthregional.net

Therese Cahill, RN
Melanie Moore, RN
School Nurses

Medication Permission Form

Any medication (including all over the counter) administered in school must be accompanied by written orders from a physician and parental permission. The medication must be in a labeled prescription bottle with specific instructions.

Student's Name _____

Date of Birth _____

Physician's Authorization

Medication _____

Dosage _____

Time of Administration at School _____

Side Effects/Reactions _____

Date of Request _____

Duration of Request _____

Physician's Name _____

Physician's Signature

Physician's Stamp

Parent/Guardian Signature _____