Health Office Voorhees High School 256 Route 513, Glen Gardner, NJ 08826 Phone 908-638-2148 Fax 908-638-2188

Permission to Dispense Prescription Medications in School

| Diagnosis | | |
|---|---|-----------------------------|
| Name of Medication | | |
| Dosage | Times | Route |
| Possible Side Effects | | |
| Termination date(Note: State | te law requires that medications b | e renewed each school year) |
| The student is free of contagious disease and able to attend school unless the medication is | | The student would not be |
| Physician's Signature | Printed name of phys | sician Date |
| I request and give my consent for the to my child during school: Name of medication | | |
| Amount to be given | | |
| Dates to be given | | |
| The medication is to be furnished by me in the name, date of prescription, name of medication I give permission for the above information to chaperones for the safety and welfare of my of | on, dosage and the prescribing ph o be shared with appropriate staff | ysician's name. |
| Signature of parent/guard | lian | Date |