Clearview Regional High School District 625 Breakneck Rd., Mullica Hill, New Jersey 08062 High School Nurse 856-223-2719 Middle School Nurse 856-223-2755 (Fax 856-223-9068)

## Administration of Medication MUST BE RENEWED EVERY SCHOOL YEAR SCHOOL YEAR

Student _				
	Last	First	Grade	Birth Date
Physician	– Please Print Info	<u>rmation</u>		
Madiantia	.n			
Medicatio	)11			
Dose			Time	
D: :				
Diagnosis			· · · · · · · · · · · · · · · · · · ·	
Side Effec	ets			
				nd inhalers. All other meds are
				pupil is capable of and has been
instructed	i in the proper meth	nod of self-administration of th	is medication.	
Physician,	, Dentist, Nurse Pra	actitioner – Name (Print)	Name (Sign	ature)
Address				
11441 000				
Office Pho	one	Fax		Date
	one			
Dear Pare	ent or Guardian:			
	ent or Guardian:	omplete this form for prescript	ion or over the counter medi	cations to be administered during the
Please hav	ent or Guardian: ve your physician co	omplete this form for prescripted the first dose of medication		cations to be administered during the
Please hav	ent or Guardian: ve your physician co y. It is recommendo	ed the first dose of medication	be administered at home to o	observe any side effects.
Please hav school day Prescripti	ent or Guardian: ve your physician co y. It is recommende ion medication and	ed the first dose of medication over the counter medication m	be administered at home to o	
Please hav school day Prescripti	ent or Guardian: ve your physician co y. It is recommende ion medication and	ed the first dose of medication	be administered at home to o	observe any side effects.
Please hav school day Prescripti labeled en	ent or Guardian:  ve your physician co y. It is recommende ion medication and o npty containers to b	ed the first dose of medication over the counter medication me used for home and school.	be administered at home to outsiner.	observe any side effects.
Please hav school day Prescripti labeled en I give peri school yea	ent or Guardian:  ve your physician co y. It is recommende ion medication and inpty containers to b mission for my child	ed the first dose of medication over the counter medication me used for home and school.	be administered at home to o ust be in original container. lirected by our physician. <u>T</u>	Observe any side effects.  Upon request, pharmacists have
Please hav school day Prescripti labeled en I give peri school yea	ent or Guardian:  ve your physician co y. It is recommende ton medication and o npty containers to b mission for my chile	ed the first dose of medication over the counter medication me used for home and school.	be administered at home to o ust be in original container. lirected by our physician. <u>T</u>	Upon request, pharmacists have his authorization is effective for this
Please have school day Prescriptic labeled en I give period school year the last day	ent or Guardian:  ve your physician co y. It is recommende ion medication and e npty containers to b mission for my child ar and must be rene ay of school.	ed the first dose of medication over the counter medication more used for home and school.  It to receive the medication as deved for each subsequent school	be administered at home to on the second sec	bserve any side effects.  Upon request, pharmacists have  his authorization is effective for this sibility to get my child's medication on
Please have school day Prescriptic labeled en I give person school year the last day I agree that	ent or Guardian:  ve your physician co y. It is recommende ion medication and e npty containers to b mission for my child ar and must be rene ny of school.  at, pursuant to N.J.	ed the first dose of medication over the counter medication more used for home and school.  If to receive the medication as dispendent schools.  S.A. 18A:40-12.3(d), I shall income	be administered at home to on the second sec	bserve any side effects.  Upon request, pharmacists have  his authorization is effective for this sibility to get my child's medication on lefend the Clearview Regional High
Please have school day Prescriptic labeled en  I give person school year the last day I agree the School Discounting the school day	ent or Guardian:  ve your physician co y. It is recommende ion medication and e npty containers to b mission for my child ar and must be rene ay of school.  at, pursuant to N.J. strict, its employees	ed the first dose of medication over the counter medication more used for home and school.  It to receive the medication as exwed for each subsequent schools.  S.A. 18A:40-12.3(d), I shall income and agents, from and against	be administered at home to one to be administered at home to one of the second	bserve any side effects.  Upon request, pharmacists have  his authorization is effective for this sibility to get my child's medication on
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Please have school day Prescriptic labeled en  I give persochool year the last dat I agree the School Distributions,	ent or Guardian:  ve your physician co y. It is recommende ion medication and e npty containers to b mission for my child ar and must be rene ay of school.  at, pursuant to N.J. strict, its employees judgments, losses, o	ed the first dose of medication over the counter medication more used for home and school.  If to receive the medication as exact for each subsequent schools.  S.A. 18A:40-12.3(d), I shall income and agents, from and against damages, suits, actions, fines, p	be administered at home to one was the in original container.  Solve and the interval of the i	bserve any side effects.  Upon request, pharmacists have  his authorization is effective for this sibility to get my child's medication on lefend the Clearview Regional High including reasonable counsel fees), of any kind and asserted by or on
Please have school day Prescriptic labeled en  I give persochool year the last dat I agree the School Distributions,	ent or Guardian:  ve your physician co y. It is recommende fron medication and e physician co mission for my child ar and must be rene ay of school.  at, pursuant to N.J. strict, its employees judgments, losses, o any person or entity	ed the first dose of medication over the counter medication more used for home and school.  If to receive the medication as exact for each subsequent schools.  S.A. 18A:40-12.3(d), I shall income and agents, from and against damages, suits, actions, fines, p	be administered at home to one was the in original container.  Solve and the interval of the i	Upon request, pharmacists have  his authorization is effective for this sibility to get my child's medication on lefend the Clearview Regional High including reasonable counsel fees), of any kind and asserted by or on histration of medication by