



EAST GREENWICH TWP. SCHOOL DISTRICT

From the Desk of the School Nurse

Michele Brown BSN,RN,CSN

Medication Dispensing Form

(Please Print)

Student Grade: _____ Today's Date: _____

Student _____

Date of Birth _____ Age _____ Grade _____

1. Diagnosis: _____

a. Name of Medication: _____

b. Dosage: _____ Time to be administered: _____

c. Route of Administration _____

d. Effective dates from _____ to _____

e. Specific Instructions _____

f. Precautions/Side Effects _____

2. Should be excused from school-time dose on field trip: Yes No

3. Should be excused from school-time dose on half day: Yes No

It is my understanding that the school nurse, charged with the administration of medication, may rely upon my directions as contained in this document. I further certify that I am the physician who prescribed the medication and that the student named above is under my supervision as a patient for diagnosis and treatment.

Physician's Signature: _____

Address/Stamp: _____

Telephone: _____

Dear Parent/Guardian,

Please sign to indicate your approval for the school nurse to administer this medication to your child as ordered. Your signature also gives the ordering clinician permission to share, discuss and release the order with the school nurse.

Date: _____ Parent/Guardian Signature: _____

For Office Use Only:
Rec'd by: _____
Date: _____

Medication MUST be brought to school in its *original* container by *an adult*. Students are not permitted to bring medication to school. **Orders are valid only for the current school year, which includes ESY, WIN, and summer camp program**

SAMUEL MICKLE SCHOOL 559 Kings Hwy Mickleton, NJ 08056

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