

BOONTON PUBLIC SCHOOLS

John Hill School
435 Lathrop Avenue
Boonton, New Jersey 07005

973-335-9700
Fax: 973-402-9375

JOHN HILL SCHOOL MEDICATION AUTHORIZATION

PLEASE NOTE THAT ALL MEDICATIONS, INCLUDING OVER THE COUNTER (I.E. ADVIL, MOTRIN, ALLERGY MEDICATION, NASAL SPRAYS, ETC.) AND PRESCRIPTIONS MUST BE ACCOMPANIED BY THIS FORM WITH PHYSICIAN AND PARENTAL SIGNATURE AND IN ITS ORIGINAL CONTAINER.

Student Name: _____ Grade: _____

Allergies: _____

Medication: _____

Dosage: _____

Time of Administration: _____

Physician Signature: _____

Physician name/address/phone (OFFICE STAMP ONLY)

Parent/Guardian Signature: _____

Date: _____

All medications will be held and administered by the nurse.

IF MEDICATION IS RECEIVED WITHOUT PROPER DOCUMENTATION AND/OR NOT IN ORIGINAL CONTAINER(S), MEDICATION WILL NOT BE ADMINISTERED, PER STATE LAW.