

Woodstown-Pilesgrove Regional School District

Early Childhood Learning Center – Mary S. Shoemaker School – Woodstown Middle School – Woodstown High School
www.woodstown.org (856) 769-0144

INSTRUCTIONS FOR THE ADMINISTRATION OF MEDICATION IN SCHOOL

The Woodstown-Pilesgrove Regional School District discourages the administration of medication in our schools. However, if you determine that it is necessary for this student to receive medication during the school day, your approval and specific directions must be provided.

COMPLETED BY PHYSICIAN

Student name: _____ DOB _____

Address: _____

Date: _____ Duration of order: _____

Medication: _____

Dose: _____ Time: _____ Frequency: _____

Indication: _____

Side effects: _____

Physician Name (Print)

Physician Signature

Physician contact information: phone _____ fax _____

COMPLETED BY PARENT/GUARDIAN

I give permission for the above medication to be administered during the school day. I understand that it is my responsibility to provide the above medication to the school health office, and that it is my responsibility to notify the school nurse of any changes in the medication regimen.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date: _____

