

SALEM COUNTY VOCATIONAL TECHNICAL SCHOOLS
Salem County Career and Technical High School

School Health Services
Administer Prescribed Medication

Dear Parent,

To meet state requirements the following form must be completed for your child to receive medications while in school.

1. The parent or guardian should provide a written request for the administration of the prescribed medications at school. This permission slip specifies that the school nurses will be administering this medication.
2. Written orders are to be provided to the school from the private physician, detailing the diagnosis or type of illness involved the name of the medication, dosage, time of administration and side effects.
3. The medication must be in the original container, bearing the current prescription label, detailing time, and dosage. No prescription older than one year will be administered.
4. All over the counter drugs need to be sent in with a prescription from your physician along with a parental note to allow the school nurse to administer them.

Becky Dorrell, RN, BSN
District School Nurse

I give permission for my child _____ to take the following medication while at school.

Medication

Dosage

Purpose

Time to be administered

Signature of Physician

Signature of Parent/Guardian

Date _____