



**Ventnor Educational Community Complex
Health Office
400 North Lafayette Avenue
Ventnor, NJ 08406**

609-487-7909 Phone

609-487-0109 Fax

SCHOOL MEDICATION AUTHORIZATION

Proper dispensation of medications at school requires the following:

1. Medication must be in original container.
2. Permission slip (below) must be signed by parent/guardian; **permission slip must be signed by physician or accompanied by a written order or note from the physician.**
3. Medication will be kept in the Nurse's Office.

The same procedure is required for both prescription and all over-the-counter medications such as Tylenol and Ibuprofen.

Name of Student

Grade/Teacher

Purpose/Diagnosis

Name of Medication

Dosage

Time of Administration

Possible Side Effects

Physician's Signature

Print Physician Name

MEDICATION MUST BE TRANSPORTED TO AND FROM SCHOOL BY AN ADULT

Please sign this form if you would like your child to receive medication at school

Parent's signature _____

