

MAGNOLIA PUBLIC SCHOOL DISTRICT

The Learning and Achieving School

420 North Warwick Road • Magnolia, New Jersey 08049

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Principal's Office:
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Child Study Team Office:
(856) 783-0156 ext 820
Fax: (856) 741-1407

AUTHORIZATION FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS

The following is to be completed by the parent/guardian:

CHILD'S NAME _____
LAST FIRST SEX D.O.B.

PHYSICIAN'S NAME ADDRESS PHONE NUMBER

I request that my child be assisted in taking medicine(s) as described below at school by authorized persons or permitted to medicate himself/herself as also authorized by me and my physician.

DATE PARENT/GUARDIAN SIGNATURE HOME PHONE

THE FOLLOWING TO BE COMPLETED BY THE PHYSICIAN:

DIAGNOSIS FOR WHICH MEDICATION IS GIVEN _____

NAME OF MEDICATION _____

MODE OF ADMINISTRATION _____

DOSE _____

IF MEDICINE IS TO BE GIVEN DAILY, AT WHAT TIME _____

IS THE CHILD AUTHORIZED TO MEDICATE HERSELF/HIMSELF _____

IF CHILD SELF-MEDICATES HAS SHE/HE BEEN PROPERLY INSTRUCTED _____

LIST SIDE EFFECTS _____

DATE _____ PHYSICIAN'S SIGNATURE _____

PHYSICIAN NAME _____

PLEASE PRINT

THE ABOVE CHILD MAY BE EXCUSED FROM SCHOOL-TIME DOSE ON FIELD TRIP

YES _____ NO _____

THE ABOVE CHILD'S MEDICATION TIME MAY BE ALTERED FOR FIELD TRIPS.

YES _____ NO _____