MORRIS HILLS HIGH SCHOOL HEALTH OFFICE

In accordance with school policy, should it become necessary for your child to take medication during school hours, the following procedure must be followed before the school nurse will administer medication.

The medication must be brought to the Health Office in a pharmacy-labeled container with your child's name, date, name of medication, dosage schedule, and physician's name. (Parent may request duplicate containers when Rx is filled) Over-the counter medication must be supplied by the parents or guardians in original container.

Pupils requiring prescription medications or over-the-counter medication in school must have the following completed and on file in the Health Office.

To be completed by parent/guardian and physician:

Student's name		Grade
Name and dosage of medication	:	
Reason for medication:		
Time to be given:		
I,	give permission for my child,	
to receive		(medication) as directed.
Date	Parent/Guardian Signature	Telephone #
Physician's Name (please print)	Date	Address
Physician's Signa	ture — Te	elephone #

THESE AUTHORIZATIONS MUST BE RENEWED EACH SCHOOL YEAR