

**MORRIS HILLS REGIONAL DISTRICT
ADMINISTRATION OF PRESCRIPTION MEDICATION OR
OVER-THE-COUNTER MEDICATION**

HEALTH OFFICE

Morris Hills

Morris Knolls

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 signature**. (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 medication or over-the-counter medications in school must have the following completed and on file in the Health Office.

To be completed and signed 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	Phone #

_____	_____	_____
Physician's name (Please print)	Date	Address

_____	_____
Physician's Signature	Phone #

*Medication note may be faxed – **Attention school nurse, Morris Knolls Health Office**
Fax # (973) 586-3550

THESE AUTHORIZATIONS MUST BE RENEWED EACH SCHOOL YEAR