



BERGEN COUNTY TECHNICAL SCHOOLS

District Administrative Office
540 Farview Avenue, Paramus NJ 07652 · Tel. (201) 343-6000

Medication Permission Form

Dear Parent/Guardian,

The New Jersey Department of Education forbids the administration of **any medication**, supplements, or vitamins in a school setting without giving the School Nurse the following:

- 1) Signed & Stamped Medication Permission Form by Physician and Parent/Guardian
- 2) Medication, in the original prescription bottle, with the proper label from a registered pharmacist

COMPLETED BY PHYSICIAN WITH SIGNATURE & STAMP:

Student Name: _____ DOB: _____

Medication Name: _____ Medication Dosage: _____

Time of Administration: _____ Date Medication Started: _____

Length of Time to be Administered: _____

Signature & Stamp of Physician: _____ Date: _____

COMPLETED BY PARENT/GUARDIAN:

My child has permission to take the prescribed medication listed above.

Parent/Guardian Signature: _____

RETURN TO SCHOOL NURSE