



**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

**\*excluding Tylenol, Advil, Tums**

---

**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: \_\_\_\_\_

---

**COMPLETED BY PARENT/GUARDIAN:**

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

Parent/Guardian Signature: \_\_\_\_\_

**RETURN TO SCHOOL NURSE**