



# Pennsville Public School District

30 Church Street, Pennsville, NJ 08070-2199

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Superintendent

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## MEDICATION RELEASE

If your child is to receive medication during school hours, **PLEASE REMEMBER THESE RULES:**

1. Medication must be in the original prescription bottle and properly labeled.
2. All medication should be delivered by parents/legal guardian and given directly to the school nurse.

Please be reminded that **ALL MEDICATIONS** (including over the counter) require both parent and physician signatures.

\_\_\_\_\_  
Name of student (please print)

\_\_\_\_\_  
Date

I do hereby give my permission to have the following medication administered by the School Nurse or other designated personnel if necessary:

Name of Medication, Dose and Route: \_\_\_\_\_

Time of day it should be given: \_\_\_\_\_

Start date: \_\_\_\_\_

End date: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

May the school time dose be omitted on class trips? Yes\_\_\_ No\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**For Parent/Legal Guardian:** I give permission for my child to receive the above medication as directed by our physician. I agree not to hold the school board or any other staff member responsible to a reaction or complication that might be the direct result of the action taken as directed herein. This authorization is effective for the current school year and will need to be renewed every year.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Building Principal: \_\_\_\_\_