

PALMYRA HIGH SCHOOL

311 West Fifth Street
Palmyra, New Jersey 08065
(856) 786-9400 Fax (856) 786-3014
"Excellence in Education"

STUDENT MEDICATION PERMISSION FORM

The Palmyra School District requires that:

- 1) medication be permitted in school only when failure to take such medicine jeopardizes the health of the student;
- 2) written request of the parent/guardian, who shall give permission for the medication AND relieve the school board and its employees of liability for administration of such medication;
- 3) written order of the prescribing physician;
- 4) medication be brought to school and picked up by the parent/guardian. Medication must be in the original container, properly labeled (according to law) by a pharmacist.

All medication shall normally be administered by the school nurse.

Name of Student:	
•••••	
TO BE COMPLI	ETED BY A PHYSICIAN
Name of medication:	
Specific time(s) and Dose(s) to be given a	at school:
Length of time medication is prescribed	:
Possible side effects:	
this student suffers frombeen trained in the use of	limited to the use of inhalers or epipens. I hereby certify that
Printed Name of Physician	Signature of Physician
Phone	Date
I give permission for my child to receive	OMPLETED BY PARENT the above medication as directed, and relieve the Palmyra f liability for administration of such medication.
	Signature of Parent/Guardian
	Date
(name of inha	of Education give my child permission to carry and use the color of th
employees of all liability and will provid authorized to carry), which shall be reta	e an additional inhaler/epipen (identical to the one this child is inned by the school nurse.