

Blirstown Elementary School

One Sunset Hill Road

PO Box E

Blirstown, NJ 07825

908-362-6111

Fax: 908-362-9638

**PHYSICIAN'S ORDER
AND PARENTAL CONSENT
FOR MEDICATION ADMINISTRATION IN SCHOOL**

STUDENT'S NAME

GRADE

DATE

TEACHER

DIAGNOSIS _____

MEDICATION _____

DOSAGE _____

FREQUENCY _____

PHYSICIAN'S SIGNATURE

PARENT'S SIGNATURE

NOTE: Medications must be provided in the original marked containers and brought to school by a parent or guardian. Do not send medication to school in the child's backpack! Medications are only given in school if it is not possible to be scheduled outside of school hours.