

**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 \_\_\_\_\_

OFFICE STAMP:

\_\_\_\_\_  
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.