

OAK HILL ACADEMY
347 Middletown-Lincroft Road
Lincroft, NJ 07738
732-530-1343

MEDICATION ORDER
PRESCRIPTION OR OVER-THE-COUNTER MEDICATION

This Medication Order is for you and your physician to sign if your child requires **PRESCRIPTION** or **OVER-THE-COUNTER** medication during the school year. Please follow these **STATE MANDATED GUIDELINES** before sending either type of medication to school.

Please send in **ORIGINAL PHARMACY CONTAINER** and/or **PACKAGING**.

_____ is being treated for _____
student's name

The above-named student may be given medication in school at the following time(s):

MEDICATION(S) _____

DOSE(S) _____

TIME OF ADMINISTRATION _____

DATE FROM _____ DATE TO _____

ADVERSE REACTIONS TO BE EXPECTED _____

_____ DATE _____

PHYSICIANS SIGNATURE
AND
PHYSICIANS STAMP

Authorization for the school nurse to administer the above medication is hereby given.

_____ DATE _____
Parent/Guardian Signature

NO SCHOOL NURSE IN THE STATE OF NEW JERSEY MAY ADMINISTER ANYTHING TO A CHILD WITHOUT FOLLOWING THE ABOVE GUIDELINES.

Thank You