

OCEANPORT SCHOOL DISTRICT

Maple Place School
2 Maple Place
Oceanport, New Jersey 07757
TEL. 732-229-0267 Ext. 2217
Fax 732-229-0961

Permission to Medicate

Student's Name: _____ Date: _____

Birth Date: _____ Grade/HR _____

Medication _____ Dose _____

Reason for Medication: _____

Time or Circumstance of Administration at School: _____

Start Date: _____ End Date: _____

Possible Side Effects: _____

Physician's Signature: _____ Date: _____

Physician's Name _____

Physician's Office Stamp _____

I authorize the school nurse, substitute school nurse or medical inspector to administer the above medication to my child and release and indemnify these persons and the school district from any liability in connection with administration of this medication.

Parent/Guardian Signature: _____ Date: _____