GLOUCESTER CO. SPECIAL SERVICES SCHOOL DISTRICT
NONPUBLIC NURSING PROGRAM
1340 Tanyard Road
Sewell, NJ 08080
(856) 468-6530 x1045

ST. MICHAEL THE ARCHANGEL SCHOOL
51 West North Street
Clayton, NJ 08312-1220
(856) 881-0067
Fax # (856) 881-4064

PHYSICIAN MEDICATION ORDER FORM

•SIGNED ORIGINAL ORDER REQUIRED•

Student's Name _____ Grade _____

Nonpublic School _____

*** PLEASE PROVIDE A SEPARATE FORM FOR EACH MEDICATION THAT IS TO BE ADMINISTERED.**

***PHYSICIAN TO COMPLETE:**

Diagnosis: _____

Medication: _____

Dosage: _____ Route: _____ Time: _____

Special Instructions: _____

Precautions/Side Effects: _____

_____

Date _____ Physician Signature _____

(Original / No signature stamps please)

Physician Name _____

Address _____

Telephone No. _____

*** Please note: A school nurse may not always be available during school hours to administer this medication. Please contact the school principal to determine the manner in which medication will be dispersed in the absence of a GCSSSD nurse.**

*** A medication order is effective July 1 - June 30 of each school year and must be renewed annually.**

I give permission for (name of student) _____

to receive medication at school as prescribed by Dr. _____

I WILL BRING THE MEDICATION (PRESCRIPTION OR NON-PRESCRIPTION) TO SCHOOL IN THE ORIGINAL CONTAINER, PROPERLY LABELED, AND WILL PICK UP ANY UNUSED MEDICATION. (STUDENTS ARE NOT PERMITTED TO CARRY MEDICATIONS TO OR FROM SCHOOL.)

_____ _____

Date Parent/Legal Guardian Signature