



Frankford Township School District

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Prescription and NON-Prescription Meds in School Physician's Form

Please note that any and all medications, including over-the-counter medications (i.e. Tylenol, cough drops, Motrin, etc.) cannot be administered without a physician's order.

Parents:

- Complete and sign bottom half of the **Physician's Administration of Prescription and Non-Prescription Medications Form**

Physician:

- Complete, sign and stamp the **Physician's Administration of Prescription and Non-Prescription Medications Form**

When forms are completed, an adult needs to bring into school with medications. **Students may NOT carry medications into school.** Medications need to be in their **original, pharmacy labeled containers.** **Please ensure that the expiration date on the meds covers the school year.**

Thanking you for your attention and cooperation.

Sonia Kelleher
School Nurse

Frankford Township School
2 Pines Road
Branchville, NJ 07826
973-948-3727

Physician's Instructions for ADMINISTRATION OF
PRESCRIPTION AND NON PRESCRIPTION MEDICATION

Student's Name: _____ DOB: _____ Grade: _____

TO BE COMPLETED BY THE PHYSICIAN:

Medication and Dosage: _____

Diagnosis for which medication is given: _____

Indications for use: _____

How soon may it be repeated: _____

Can a reaction be expected? If so, describe: _____

Follow up care: _____

When discontinued (i.e. end of school year): _____

The student is physically fit, is free of contagious disease, but would not be able to attend school if this medication is not administered during school hours.

Student's Physician Signature Date Phone Number

MEDICATION AUTHORIZATION FORM

School Year _____ / _____

I grant the school nurse or designated substitute permission to administer the above medication to my child named below:

My child may/should take his/her medication on half days: _____ YES _____ NO

My child may/should take his/her medication on delayed openings: _____ YES _____ NO

My child may/should take his/her medication on field trips: _____ YES _____ NO

(If a school nurse is not present on field trip, no medication will be administered.)

I am aware that this medication must be delivered to the school in its original, unopened, labeled container by the parent/guardian.

Student's Name Grade

Parent/Guardian Signature Date