

**Voorhees Township Public Schools  
Voorhees, New Jersey**

To: Parent or Guardian  
From: School Nurse  
Re: Administering Medicine to Students at School

If your child needs medication at school, this form must be completed and filed in the school nurse's office. This form is based upon Policy and Regulations 5330 adopted by the Voorhees Board of Education.

Child's Name \_\_\_\_\_

Child's Grade \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_

Name of Medication \_\_\_\_\_

Purpose of Medication \_\_\_\_\_

Time to be administered \_\_\_\_\_

Dosage \_\_\_\_\_

Possible side effects \_\_\_\_\_

Termination date for administering the medication \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

Physician Stamp

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

**Medications at school:**

**The nurse is only permitted to give medication prescribed by a physician, this includes prescription and over the counter medication. The medication must be sent to school in its original container. This is for the safety of your child and the other school children.**