

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

To: Parent/Guardian  
From: School Nurse  
Re: Administering Medication to Students at School

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

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

Child's School/Grade \_\_\_\_\_

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

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

Time to be Administered \_\_\_\_\_

Dosage \_\_\_\_\_

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

Termination Date for Administering Medication \_\_\_\_\_

\_\_\_\_\_ *This medication may be withheld on a school field trip if a  
(Physician Initials) nurse or parent is not available to attend.*

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

**Physician Stamp**

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

\_\_\_\_\_  
Date

**Medication at School:**

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