



# HOBOKEN BOARD OF EDUCATION

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## REQUEST FOR MEDICATION TO BE ADMINISTERED BY SCHOOL NURSE

### PARENTAL REQUEST:

I, the parent of \_\_\_\_\_, request that the medication prescribed by my child's physician be administered to my child by the school nurse at the prescribed time.

I agree to bring a weekly supply of the medication to the school nurse upon approval of my request.

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Address

### PHYSICIAN'S STATEMENT

In order to protect the health of \_\_\_\_\_, it is necessary for him/her to have the following medication during school hours.

### **MEDICATION:**

### **DOSAGE:**

### **TIME TO BE ADMINISTERED:**

### **PURPOSE OF MEDICATION:**

### **POSSIBLE SIDE EFFECTS:**

### **DIAGNOSIS:**

I authorize the school nurse to administer the above medication.

\_\_\_\_\_  
Phone Number

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

Request Approved by:  
\_\_\_\_\_

\_\_\_\_\_  
Date