

THE FORUM SCHOOL
107 Wyckoff Ave.
Waldwick, NJ 07443

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MEDICATION INFORMATION/PERMISSION FORM

Dear Parent/Legal Guardian:

To request medication administration at school, please note:

- This form must be completed and signed by you and your child’s medical provider.
- A physician authorization is needed for all changes in medication, dose, or time.
- The medication must be delivered by the parent or placed in a sealed envelope; given to the bus driver to be delivered to the nurse in accordance with our medication transport policy.
- The medication container must be labeled by the pharmacy with the student’s name, prescriber’s name, name of medication, dosage, route, conditions for storage, prescription date, and expiration date.
- Unless otherwise specified, the medication order is valid for the entire school year, including summer program.
- ALL over-the counter medications, including pain relievers, vitamins and homeopathic treatments require a physician order.

Name of Student: _____

Prescribing Physician/Health Care Provider: _____

MEDICATION	DOSAGE	FREQUENCY/TIME TO BE TAKEN	REASON PRESCRIBED	SIDE EFFECTS

Physician's Signature _____ **Date:** _____

Address: _____ **Phone:** _____

PARENT/GUARDIAN AUTHORIZATION

I request that my child _____ receive the medication as prescribed by our physician. I authorize The Forum School Consulting Psychiatrist and/or School Nurse to release information regarding school behavioral observations and/or medication effects to the prescribing physician listed above.

Parent/Guardian Signature: _____