

THE FORUM SCHOOL
107 Wyckoff Ave.
Waldwick, NJ 07443

PHONE: 201-444-5882
FAX: 201-444-4003
EMAIL: nurse@theforumschool.com

AUTHORIZATION TO ADMINISTER OVER-THE-COUNTER MEDICATION IN SCHOOL

Dear Parent/Legal Guardian:

To request any medication administration at school, please note:

- This form must be completed and **signed by you and your child's medical provider**.
- This medication order is **valid for the entire school year**, including summer program unless otherwise specified.
- **ALL over-the counter medications**, including pain relievers, vitamins and homeopathic treatments **require a physician order and parents/guardians signature**.

Name of Student: _____

I authorize the school nurse to administer the following over-the-counter medication:

MEDICATION	DOSAGE	FREQUENCY/TIME TO BE TAKEN	REASON PRESCRIBED	SIDE EFFECTS
Acetaminophen (Tylenol)				
Ibuprofen (Advil, Motrin)				
Cough drops				
Sunscreen				

Physician's Signature _____ Date: _____

Address: _____ Phone: _____

PARENT/GUARDIAN AUTHORIZATION

I request that my child _____ receive the medication as prescribed by our physician as needed.

Parent/Guardian Signature: _____

Date: _____