NORTHERN VALLEY REGIONAL HIGH SCHOOL DISTRICT

Demarest Old Tappan

Note to Parents/Guardians:

The Northern Valley Regional High School District requires that all students who need medication during school hours must do the following:

1. Present a written consent form signed by the parent or legal guardian.

2. Bring the medication in the original prescription bottle, properly labeled by a registered pharmacist (as prescribed by law) or a sealed over-the-counter medication.

3. Medication may be given only by the school nurse provided that the prescribing physician completes the district medication permission request form.

Name of student:_____ School: _____

Date of birth: _____

TO BE COMPLETED BY PHYSICIAN

Name of medication:_____

specific time(s) and dose(s) to be given at school: _____

Length of time to be administered: _____

Diagnosis: _____

Are there any restrictions or side effects? _____ _____ If yes, what and how long? _____
Yes No

Permission to carry/administer to self? (Only for Epi-Pen or Inhalers) _____ _____
Yes No

_____ _____ _____
Stamp or Print Dr.'s name and address Signature of physician Date

TO BE COMPLETED BY PARENT/GUARDIAN

I, _____, give permission for my child to receive the above medication as directed.

_____ _____
Signature of Parent/Guardian Date