



Lafayette Township School District

178 BEAVER RUN ROAD • LAFAYETTE, NJ 07848

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Mr. MICHAEL GALL

Superintendent

973-875-3344 ext. 315

GERARD FAZZIO

Principal

973-875-3344 ext. 314

ERIN SIIPOLA

Business Administrator/Board

Secretary

973-875-3344 ext. 316

Fax: 973-875-2663

Authorization For Dispensing Medication in School:

NOTE: Whenever possible, medication should be given at home and every effort should be made to avoid school hours.

TO BE COMPLETED BY PARENT OR GUARDIAN:

I request that my child _____, grade _____ receive medication in school as prescribed by his/her physician in the form below. The medication will be given to my child per Board Policy. understand that the district is rendering a service and does not assume any responsibility for this matter, I further understand that the school nurse will administer the medication.

Signature _____ Parent or Guardian

Phone Number: _____ Date _____

TO BE COMPLETED BY PHYSICIAN: I request that my patient receive the following medication:

Name of Student: _____

Diagnosis: _____

Name of Medication: _____

Prescribed dosage and means of Administration: _____

Time to be taken during school hours: _____

Expected duration of treatment: _____

Possible side effects and adverse reactions: _____

Other recommendations: _____

Physician's Signature: _____ Physician Stamp:

Phone number: _____

Date: _____

Lillian MacRae
Certified School Nurse