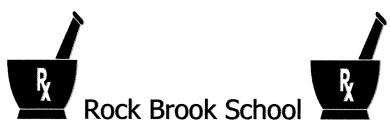
Rock Brook School

109 Orchard Rd., Skillman, NJ 08558 T- (908) 431-9500 F- (908) 431-9503 Medication Order Form

STUDENT INFORMATION:

Student Name:	Birth Date:	
School:	Grade:	
Parent/Guardian Name:		
Home Address:		
Parent/Guardian Phone No. Home:		
MEDICAL PROVIDER INFORMATION:		
Licensed Medical Provider:		Physician Stamp
Address:		
Phone		
MEDICATION INFORMATION:		
Name of Medication:	Diagnosis:	
Start Date: Treatment	to be continue	d until:
Route of Administration:		
Dosage: Frequency:		
Time(s) of administration:		
Specific directions for administration:		
Significant side effects, contraindications, or adverse	reactions:	
I request that the medication, named above, be given to my purpose and possible complications. I hereby acknowledg any injury arising from the administration of this medication. Board of Education and its employees or agents from any complex control of the cont	e that Rock Broon and herby ind	ok School shall incur no liability as a result of emnify and hold harmless the Rock Brook School
Parent/Guardian Signature		Date
Medical Provider Signature		Date



Medication Guidelines

Medication can only be given by the school nurse or the child's parent.

All medication, **prescribed and over-the-counter**, are to be brought to school by the parent/guardian in the original labeled container.

All medication administered to a student require a physician's order and signed by both the physician and the parent.

All medication orders must be renewed at the beginning of each school year. If your child attends the Summer Program, the medication may be renewed at the beginning of the summer through June of the new school year.

Medication is to be picked up by the parent/guardian at the end of the school year, or when discontinued/outdated.

It is recommended that the first dose of the day be given at home.



It is important that you make the **school nurse** aware of all medications that your child is on due to possible reactions.

For any question please call the school nurse at (908) 431-9500 or email the nurse at nurse@rock-brook.org