

EDUCATIONAL SERVICES COMMISSION OF NJ

1690 Stelton Road

Piscataway, NJ 08854

OUR LADY OF VICTORIES SCHOOL

36 Main Street

Sayreville NJ

Phone 732-254-1676 Fax 732-254-5066

School Year: _____ / _____

PHYSICIAN'S ORDER FORM FOR MEDICATION

School: _____

Child's Name: _____

Address: _____

Diagnosis: _____

Drug: _____ Dosage: _____

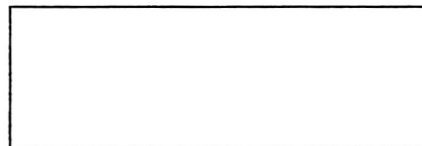
Hours to give Medication: _____

Side Effects: _____

Other Comments: _____

Signature of Physician

Date



Physician's Stamp

Our Lady of Victories Parent/Guardian Medication Permission Form

I hereby authorize the School Nurse to administer medication to my child,

_____ (Grade _____), as prescribed by:

Doctor's Name _____.

Parent/Guardian Signature

Date