



---

## ST. ANN SCHOOL

---

29 Second Avenue, Raritan, NJ 08869  
School Office: 908-725-7787 • Fax: 908-541-9335  
[www.stannparish.com/schoolsite](http://www.stannparish.com/schoolsite)

### **2019-2020 OVER-THE-COUNTER MEDICATION/SUPPLEMENT FORM**

**PERMISSION FOR MEDICATION:** MUST BE ACCOMPANIED BY A PHYSICIAN'S ORDER AND A SIGNED CONSENT FROM PARENT.

I request that my child \_\_\_\_\_ be administered the following over-the-counter medication by the school nurse or appointed school employee.

Medication/Supplement	Strength	Indicate Dose	Indicate Frequency & Reason

\*Please send all medications in the original containers labeled with student's full name and grade. All medications must be kept locked in the Health Office; students may not carry medication.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

#### **Physician Permission:**

I hereby authorize the school nurse to administer and/or appointed school employee to administer the above over-the-counter medication/s.

\_\_\_\_\_  
(Print Healthcare Name)

\_\_\_\_\_  
(Primary Healthcare Provider Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address/Telephone Number)

Physician Stamp