



**Allamuchy Township School**  
20 Johnsonburg Road, Allamuchy, NJ 07820  
908-852-1894

**Offices of the School Nurse** Fax: **ATS:908-852-9816/MVS: 908-850-1213**  
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The Allamuchy Township School District requires that students receiving medication at school provide the following:

1. Written consent from the parent/guardian.
2. Written orders from the physician to administer medication at school.
3. Medication must be delivered to the school by the parent/guardian in the original, labeled container. Any remaining medication must be picked up by the parent or a responsible adult. Unclaimed medication will be discarded at the end of the school year.

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**TO BE COMPLETED BY THE PHYSICIAN**

Name of student: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Name of medication(s): \_\_\_\_\_

Dosage, time, routine of medication: \_\_\_\_\_

Medication to be administered on Field Trips? \_\_\_\_\_ Yes \_\_\_\_\_ No

Medication to be administered on Abbreviated/Half Day Schedule? \_\_\_\_\_ Yes \_\_\_\_\_ No

Start Date \_\_\_\_\_ Finish Date \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Physician (Print or Stamp): \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Physician: \_\_\_\_\_

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**TO BE COMPLETED BY THE PARENT/GUARDIAN**

I request that the school nurse administer the medication(s) listed above, as prescribed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian