

EAST AMWELL TOWNSHIP BOARD OF EDUCATION  
RINGOES, NJ 08551

PHYSICIANS ORDERS FOR MEDICATION TO BE GIVEN IN SCHOOL

_____	_____	_____	_____
Student's Name	Grade	Homeroom	Age
_____	_____		
Address	Name of Day Contact for Emergency / Phone		

DIAGNOSIS:

MEDICATION:

DOSAGE:

FREQUENCY:

POSSIBLE SIDE EFFECTS:

LENGTH OF TIME MEDICATION IS PRESCRIBED:

MEDICATION'S USAGE DURING FIELD TRIPS:

I will hold harmless the district and its employees or agents against any claim or any liability arising out of my child's condition, the medication order, its non-administration or administration.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Physician's Signature

\_\_\_\_\_  
Date