



TEANECK COMMUNITY CHARTER SCHOOL

563 Chestnut Ave.
Teaneck, NJ 07666
Website: www.tccsnj.org

Phone: 201-833-9600
Fax (office): 201-833-9225
School nurse ext. 111

Parent's Request for Administering Medication at School

I request the school nurse administer to my child (Please Print): _____

the medication prescribed by _____ for the period from

Physician's Name

_____ to _____

Date

Date

The medication is to be furnished by me and is to bear the label of the registered pharmacist who filled the prescription, the name of the medication, the dosage, the directions, and the duration of treatment. The physician's name must also appear on the label. I hereby release and hold harmless Teaneck Community Charter School, its agents, servants, and employees for injuries or other damages which may result to the student from the administration of the medication.

***NOTE: Nonprescription medications also require a doctor's order (Tylenol, ibuprofen, etc.).
Parent must provide the medication.**

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date: _____ Telephone #: _____ Cell #: _____

Physician's Request for Administering Medication at School

Name of Student: _____

Diagnosis: _____

Name of Medication: _____

Possible side effects/adverse reactions: _____

Dosage: _____ Hours of administration: _____

Starting Date: _____ Ending Date: _____

Physician's Name (Please Print): _____

Address: _____ Phone #: _____

Physician's Signature: _____ Date: _____