

# Frelinghuysen Township School

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The information below indicates medical necessity and is a record of approval for the School Nurse to proceed with administration of medication during school hours. Orders will be valid for the school year in which they were written unless otherwise specified. Orders must be renewed yearly.

**To be completed and signed by personal physician:**

Student Name: \_\_\_\_\_ Student Age: \_\_\_\_\_

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

Medication and Dosage: \_\_\_\_\_

Frequency or administration time: \_\_\_\_\_

Other parameters: \_\_\_\_\_

\_\_\_\_\_

Order expires at the end of the school year unless otherwise noted here: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Physicians Name: \_\_\_\_\_

Stamp:

Physician's Signature: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

**(Parent signature authorizes treatment by School Nurse)**