

Windsor School
226 Wanaque Avenue
Pompton Lakes, New Jersey 07442
Tel: (973)697-4191 Fax: (973)697-4195
www.windsorschools.com

Richard F. Lynch
Director

Camille Cerciello Ed. D.
Director

MEDICATION ADMINISTRATION FORM

INFORMATION TO BE COMPLETED BY PHYSICIAN:

Name of Student: _____

Date of Order: _____

Name of Medication: _____

Dose: _____

Time and Circumstances of Administration at School: _____

Diagnosis: _____

Physician Name and Phone Number: _____

Please place Physician's stamp here:

Physician's Signature

PARENT PERMISSION SLIP

I hereby give permission for my son/daughter _____ to be given the above medication in school and will assume any responsibility for any reaction that may occur.

Date

Parent's Signature

Believe and Achieve