



# Middle Township Elementary No. 1

215 Eldredge Road  
Cape May Court House, New Jersey 08210-2499  
Telephone: (609) 463-1900 ext. 1204  
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Christian Paskalides  
Principal

Don Robertson  
Vice Principal

## Medication Administration Order Form

School Year \_\_\_\_ / \_\_\_\_

Medication orders must be renewed each school year

Please have the school nurse administer the following medication as per the following orders:

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

Medication: \_\_\_\_\_

Dose: \_\_\_\_\_

Time: \_\_\_\_\_

Duration: \_\_\_\_\_

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

On half days of school: Do \_\_\_\_\_ Do Not \_\_\_\_\_ give child the medication.

In the event the child misses the morning dose of medication at home, he/she may receive the dose at school:

Yes \_\_\_\_\_ (initial) No \_\_\_\_\_

The A.M. dose is: \_\_\_\_\_

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

***By school policy:***

***A Responsible Adult must bring medication to the school.***

***Medication must be in original labeled container from pharmacy.***

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_