



THE BRIDGE ACADEMY

1958-B Lawrenceville Road
Lawrenceville, NJ 08648
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www.banj.org

REQUEST for ADMINISTRATION of MEDICATION

Student _____ Birthdate _____

PARENTAL REQUEST

I, the parent/guardian of _____ authorize the principal and school nurse administer the prescribed medication as indicated.

The medication must be brought to school in its original container appropriately labeled by the pharmacy.

Parent/Guardian Signature

Date

PHYSICIAN'S STATEMENT

I herby request the above named student be administered the following medication.

MEDICATION:

DIAGNOSIS:

DOSAGE:

TIME to be ADMINISTERED:

PURPOSE of MEDICATION:

POTENTIAL SIDE EFFECTS:

DATE to BEGIN/CONCLUDE:

Signature of Physician

Print Physician's Name

Date

Address

Phone