



WOODLAND TOWNSHIP BOARD OF EDUCATION  
CHATSWORTH ELEMENTARY SCHOOL  
2 John Bowker Jr. Blvd. - P.O. Box 477  
Chatsworth, New Jersey 08019  
Phone: (609) 726-1230 Fax: (609) 726-9037  
[www.woodlandboe.org](http://www.woodlandboe.org)

Misty Weiss – Superintendent  
Carolyn Fischl – Supervisor  
Laura Archer – Business Administrator

## MEDICATION AUTHORIZATION FORM

School Year: 20\_\_ - 20\_\_

Grade: \_\_\_\_\_

### Physician's Order:

Name of Child: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Route: \_\_\_\_\_

Time/Frequency: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Estimated Termination Date: \_\_\_\_\_

(All authorizations expire at the end of the current school year.)

### Physician's Instructions for Class Trips (when school nurse or parent not present)

\_\_\_\_ Medication may be omitted when the child is on a class trip.

\_\_\_\_ Dosage schedule may be altered as follows: \_\_\_\_\_

\_\_\_\_ Child is knowledgeable about this medication and how to administer it, and may self-administer medication on class trips (with teacher supervision).

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

Physician's Address: \_\_\_\_\_

Physician's Telephone Number: \_\_\_\_\_

I request this medication to be given to my child \_\_\_\_\_ as prescribed by my child's physician. I will pick up unused medication at the end of the year: Yes \_\_\_ No \_\_\_

\_\_\_\_ My child may self-administer his/her medication on class trips.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_