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The healthcare provider must identify the name of medication, dosage of medication, route of administration, form of administration (ex. Liquid, tablet), time medication is to be given, and any side effects. No medication will be given without consent from your physician/healthcare provider.

Please have your healthcare provider fill in the necessary information on the form below. This form, as well as a supply of medication in the ORIGINAL PRESCRIPTION BOTTLE LABELED BY THE PHARMACY, should be handed to the school bus driver or brought to the school by a parent/guardian and handed to the school nurse or an Alpha staff member. Students are not permitted to transport medications to school. Thank you for your cooperation. Sincerely, Linda Barich RN, BSN, NJ-CSN

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| **THIS SECTION TO BE COMPLETED BY HEALTHCARE PROVIDER ONLY**: Date: |
| Name of Student: |
| Date of birth : |
| Diagnosis: |
| Name of medication: |
| Dosage: |
| Route of administration: |
| Time Medication is to be given**:** |
| Side effects: |
| Order is valid for current school year: July 1, 2020- June 30, 2021 |
| Healthcare Provider’s Name: |
| Phone number: |
| Healthcare Provider’s Signature: |

PARENT/GUARDIAN COMPLETE THIS SECTION: I hereby request that a Registered Nurse give the following medication to my child at the prescribed time and dosage.

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| Parent/ Guardian Name : |
| Phone Number : |
| Parent/Guardian Signature : |