

**MORRIS SCHOOL DISTRICT
HEALTH SERVICES**

**MEDICATION AUTHORIZATION
(For prescription and over-the-counter medications)**

Student's name _____ Birth date _____ Grade _____
nombre del estudiante fecha de nacimiento grado

Name of medication _____ School year _____
nombre de la medicina

Dose _____ Frequency _____ Route (by mouth, inhaled, etc) _____

Special instructions _____

Indication(s) for medication _____

Side effects of medication _____

Medication can be omitted: (circle all that apply)
field trips early dismissals delayed openings

I hereby give permission for the administration of the medication described above to the
aforementioned student by the Morris School district nursing staff.
Doy permiso a la enfermera de la escuela para administrarle la medicina descrita al estudiante indicada arriba.

Healthcare provider's signature

Date

Healthcare provider's stamp

Parent/guardian's signature
Firma del padre

Date
fecha

Parent/guardian's printed name
nombre del padre (escrita claramente)

Tylenol (acetaminophen) is supplied by the District at Frelinghuysen Middle School and Morristown High School Health Offices (not at the elementary schools) with the above form completed. All other medications must be provided by the parents in the original container along with this completed form.
Tylenol (acetaminophen) es suministrada por el distrito a la enfermería de Frelinghuysen Middle School y Morristown High School (pero no a las escuelas elementales) con esta forma completada. Otras medicinas deberán ser traídas en su envase original por los padres con esta forma completada.