



HUNTERDON PREPARATORY SCHOOL

11 SPENCER LANE

ANNANDALE, NJ 08801

Phone: 908-832-7200 • Fax: 908-832-9772

www.hunterdonprep.org

Parent's Request for Giving Medications at School 2023/2024

During school hours, I request that my child _____ receive
(Student Name)

_____ (Name of Medication)	_____ (Dosage)	_____ (Time)
_____ (Name of Medication)	_____ (Dosage)	_____ (Time)
_____ (Name of Medication)	_____ (Dosage)	_____ (Time)

I understand that the **medication must be delivered to the school nurse**, principal, and/or designee. It **must be in a properly labeled container** (pharmacy label) with my child's name, the physician's name, date of original prescription, name of medicine, dosage, and time to be given.

I further understand that in the event that the school nurse or designee is **not** available, it may be necessary to delay or omit the administration of the medications. The Hunterdon Preparatory School staff will make every effort to alert me in this instance. I will not hold any individual staff member liable who is directed by us (the parents/guardians) and the school administrator to assist our child in taking said medication.

(Signature of Parent/Guardian) (Date)

PHYSICIAN/PRESCRIBER: _____

Diagnosis or indication for medication: _____

Precautions, if any: _____

Signature/license #: _____

Address: _____

Phone: _____ Fax: _____