

# BOONTON PUBLIC SCHOOLS

John Hill School  
435 Lathrop Avenue  
Boonton, New Jersey 07005

973-335-9700  
Fax: 973-402-9375

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## JOHN HILL SCHOOL MEDICATION AUTHORIZATION

**PLEASE NOTE THAT ALL MEDICATIONS, INCLUDING OVER THE COUNTER (I.E. ADVIL, MOTRIN, ALLERGY MEDICATION, NASAL SPRAYS, ETC.) AND PRESCRIPTIONS MUST BE ACCOMPANIED BY THIS FORM WITH PHYSICIAN AND PARENTAL SIGNATURE AND IN ITS ORIGINAL CONTAINER.**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

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

Time of Administration: \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_

Physician name/address/phone (OFFICE STAMP ONLY)

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

Date: \_\_\_\_\_

All medications will be held and administered by the nurse.

**IF MEDICATION IS RECEIVED WITHOUT PROPER DOCUMENTATION AND/OR NOT IN ORIGINAL CONTAINER(S), MEDICATION WILL NOT BE ADMINISTERED, PER STATE LAW.**