SOMERDALE PARK SCHOOL

Mary E. Dow, RN BSN CSN
School Nurse

Health Office
301 Grace Street
Somerdale, New Jersey 08083

Telephone: 856-783-6261 X115
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***FOR PRESCRIPTION MEDICATIONS*: PLEASE HAVE PHYSICIAN OR ADVANCED PRACTICE NURSE COMPLETE THE FORM BELOW OR FURNISH A LEGAL(BLUE) PRESCRIPTION THAT INCLUDES ALL THE INFORMATION REQUESTED.**

PHYSICIAN'S ORDERS:

Student Name:_____

DOB: _____ **Age:** _____ **Grade:** _____ **Teacher:** _____

Medication Prescribed: _____
(please indicate medication, concentration, dosage, route & time to be administered)
Dosage & Time to be Administered: _____

Length of Time Prescribed: _____
(Note: Valid only for current school year)

Purpose of Medication: _____

Possible Side Effects:_____

_____ _____
Physician's Signature **Physician's Name (Please Print)**

Date:_____ **Phone:**_____

PARENT CONSENT:

I request that the school nurse, the medical inspector, or the student him/herself under the school nurse's supervision, administer the above medication as ordered by the physician.

_____
Parent(s)/Guardian Signature
Date: _____ **Home Phone:** _____
Work: _____
Cell Phone: _____