



Shore Regional High School District

Monmouth Beach – Oceanport – Sea Bright – West Long Branch

132 Monmouth Park Highway
West Long Branch, New Jersey 07764-1396
Telephone: 732-222-9300, ext. 2500
Patricia Smith, RN
School Nurse
Email: psmith@shoreregional.org

PRESCRIBED MEDICATION PERMISSION FORM

Student's Name: _____ Date: _____

Birth Date: _____ Grade: _____

Medication: _____ Dose: _____

Reason for Medication: _____

Time or Circumstance of administration at school _____

Start Date: _____ End Date: _____

Possible side Effects: _____

Physician's Signature: _____ Date: _____

I authorize the school nurse, substitute school nurse, or medical inspector to administer the above medication to my child and release and indemnify these persons and the school district from any liability in connection with the administration of this medication.

Parent/Guardian Signature: _____ Date: _____