## TOWNSHIP OF UNION BOARD OF EDUCATION UNION, NJ 07083

-	Name		School		
Addres	SS		Teacher		
Teleph	one No		Grade		
Descrip	ption of medic	ation provided by physicia	n		
Diagno	osis:				
School	nurse is instr	ucted to administer			in
the foll	lowing manne	r			
Medica	ation to be adr	ninistered from	1	to	
<u>Consid</u>	leration for <b>F</b>	<u>`ield Trips:</u>			
		equested to administer to	(Physician's Sign	nature & Stamp Require	,
The sch	hool nurse is r	equested to administer to _		nild's Name)	
the mee	dication presc	ribed by the above-named J	,		
	Sig	nature of Parent/Guardian_			
	o the school n of the school r	is form is the responsibility urse who will give the med urse.	ication prescribed.	<b>▲</b> ·	
	PRESC	RIPTION CONTAINER		BY PARENT IN THE FO THE NURSE.	
	-	RIPTION CONTAINER			
hool Nu	PRESC urses Use On	RIPTION CONTAINER	AND HANDED	TO THE NURSE.	
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hool Nu	PRESC urses Use On	RIPTION CONTAINER	AND HANDED	TO THE NURSE.	

For

## **MEDICATION RECORD: ADMINISTRATION – PHYSICIAN'S ORDER**

School Yea	ar: _								-				Scł	nool:																	
Student:									_ D(	_DOB:/ Teacher:											Room:										
MONTHS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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October																															
November																															
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