

SAINT LEO THE GREAT SCHOOL

2012 & 2018 National Blue Ribbon School



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MEDICATION ORDER FORM FOR PRESCRIPTION AND OVER THE COUNTER MEDICATION

This medication order form is to be filled out by your child's pediatrician, if your child requires any **prescription** or over-the-counter medication (including cough drops) during the school year. Please send the medication in the original pharmacy container and/or package, do not send medication in Ziploc bags!

is being treated for	
Student's name	medical condition
The above named student may be given medi	cation in school as per the orders below:
Medication:	
Route:	
Dosage:	
Time of administration:	
Date from:	Date to:
Adverse reactions to be expected:	
Physician's signature and stamp	Date
Authorization for the school nurse to adminis	ster the above medication is hereby given.
Signature of parent or guardian	Date