

**MONTAGUE TOWNSHIP SCHOOL DISTRICT  
MONTAGUE ELEMENTARY SCHOOL  
475 Route 206**

**Montague, NJ 07827**  
V: 973 293 7131 / F: 973 293 3391  
**[www.montagueschool.org](http://www.montagueschool.org)**

Janice L. Hodge  
*Chief School Administrator/Principal*

John W. Waycie  
*Business Administrator/Bd. Secretary*

Patricia Romyns  
*Assistant to the Chief School Administrator*

Dominic Esposito  
*Assistant Principal*

**MEDICAL AUTHORIZATION**

**TO BE COMPLETED BY PHYSICIAN**

Students Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Diagnosis \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

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

Possible Side Effects \_\_\_\_\_

Restrictions on Activities \_\_\_\_\_

\_\_\_\_\_  
Physicians Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physicians Signature

**TO BE COMPLETED BY PARENT**

I request that my child \_\_\_\_\_ receive the medication prescribed by his/her physician. The medication is to be provided by me as required by School Board Policy. I understand that the district is rendering a service and does not assume any responsibility for this matter. I further understand that the school nurse, or substitute school nurse, will administer the medication.

**NOTE: All medication, prescribed and over-the-counter, must be brought to the school by the parent, in the original, labeled bottle or container.**

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

\_\_\_\_\_  
Date