

EAST AMWELL TOWNSHIP BOARD OF EDUCATION
 RINGOES, NJ 08551

**PHYSICIANS ORDERS FOR MEDICATION TO BE GIVEN IN SCHOOL
 AND ON TRIPS**

Student's Name	Grade	Homeroom Teacher	Date of Birth
Address	Name of Contact for Emergency / Phone		

DIAGNOSIS:

MEDICATION:

DOSAGE:

FREQUENCY:

POSSIBLE SIDE EFFECTS:

LENGTH OF TIME MEDICATION IS PRESCRIBED:

MEDICATION'S USAGE DURING FIELD TRIPS:

I will hold harmless the district and its employees or agents against any claim or any liability arising out of my child's condition, the medication order, its non-administration or administration.

Parent Signature	Date
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Physician (Print Name)	
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Physician's Signature	Date
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