**ONLY students taking any form of medications (including over the counter) must return this form**

**LENAPE REGIONAL HIGH SCHOOL DISTRICT MEDICATION FORM**
**CHEROKEE**
**856-983-5140**
**Fax: 856-810-4379**
**(grades 9 & 10)**
**Fax: 856-810-4378**
**(grades 11 & 12)**

**To be completed by the PHYSICIAN: For all prescription/non-prescription medications except Asthma and Diabetes medications and Benadryl/Epinephrine (see separate forms on website). One form per medication.**

***These orders remain in effect during the school day, school sponsored activities, and school sponsored overnight trips.***

____________________________________ is to receive ________________ __________
STUDENT'S NAME MEDICATION DOSE

__________________________ for the treatment of____________________________________
DOSING FREQUENCY

POSSIBLE SIDE EFFECTS/COMMENTS_____________________________________________
_____________________________________________________________________________

HOW LONG THIS IS TO BE GIVEN ________________________________________

PHYSICIAN'S SIGNATURE ____________________________________

PHYSICIAN'S NAME/STAMP __________________________________

ADDRESS ________________________________________________

________________________________________________

PHONE _______________________ DATE ____________________

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**To be completed by the PARENT/GUARDIAN:**

I request that the above medication, in the original container, be administered to my child. I acknowledge that the school district and its employees or agents shall incur no liability as a result of administration of this medication to my child. I give the school nurse permission to contact the physician and/or pharmacist with any question concerning the medication. I give my permission for relevant health information to be shared with teachers/staff.

PARENT'S/GUARDIAN'S SIGNATURE___________________________________

DATE _________________________ STUDENT'S GRADE ____________

NOTE: Medication is to be supplied in the original container. Ask your pharmacist to divide the medication into two completely labeled containers – one for home and one for school.