

PENNS GROVE—CARNEYS POINT REGIONAL SCHOOL DISTRICT

**MEDICATION PERMISSION FOR
MEDICATION AND/OR TREATMENT**

PHYSICIAN WRITTEN ORDER: (Include name of medication, dose, route, frequency, diagnosis)

SCHOOL _____ **GRADE** _____

STUDENT _____ **CLASS** _____

WRITTEN PERMISSION OF PARENT OR GUARDIAN:

Parent/Guardian Signature/Date

School Nurse Signature/Date