



Perth Amboy Public Schools

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Eva Kucaba

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ADMINISTRATION OF MEDICATION IN SCHOOL

Dear Parent/Guardian:

Administrative policy of the Perth Amboy Public Schools requires the school nurse to have written permission from you and the attending physician. Medication administered by the school nurses should be done only in exceptional circumstances wherein the child's health may be jeopardized without it.

Sincerely,

Eva Kucaba

As the Parent/Guardian of _____, Gr. _____
Last Name First

Homeroom _____, Home Telephone _____, Work Number _____, I request that the
below medication, as prescribed, be administered to my child.

Signature Date

Please have your doctor fill in the information requested on the form below. This form must be returned to the school nurse with a supply of the medication in the original, appropriately labeled pharmacy container by the parent/guardian.

Physician's Section:

Diagnosis for which medication is given: _____

Medication: _____ Dosage: _____

Times: _____ Contraindications: _____

Side Effects: _____

Other Information: _____

Physician's Name: _____ Date _____

Physician's Signature: _____ Tel. #: _____

AdminMedication