

Greenwich-Stow Creek Partnership Schools

Morris Goodwin School
839 Ye Greate Street
Greenwich, NJ 08323
Phone: 856-451-5513
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Brandon Cobb
Superintendent



Stephanie Sharpless
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Stow Creek School
1 Gum Tree Corner Road
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Phone: 856-455-1717
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PHYSICIAN MEDICATION ORDER FORM

Please provide a separate form for each medication that is to be administered.

Students Name: _____ DOB: _____ Grade: _____

School Name: _____ School Year: _____

Physician to Complete:

Diagnosis: _____ Medication: _____

Dosage/Frequency: _____ Time: _____ AM/PM

Special Instructions/Circumstances for Use: _____

Any Adverse Reactions/Interventions: _____

Expected Duration of Treatment: _____

Student needs to take medication while attending field trips?

Yes, administer on regular schedule No, skip dose during regular school hours

Parent/Guardian to administer before/after regular school hours

Physician Name: _____ Physician Stamp: _____

Address: _____

Telephone #: _____

Physician Signature: _____ Date: _____

A medication order is effective July 1-June 30 of each school year and must be renewed annually. See the School Nurse for further information regarding your school's medication policy.

Parent/Guardian to Complete:

I request the school nurse, or trained designee, to administer _____ to my child as prescribed by _____ during school hours. Medication is not to be carried by students on their person unless they qualify and are granted permission under the school policy for self-administration. I will bring the medication (prescription or non-prescription) to the nurse's office in the original properly labeled container.

- I authorize, as needed, the sharing of information related to my child's health between the school nurse and the healthcare provider listed below.
- I authorize, as needed, the sharing of information related to my child's health between the school nurse and appropriate school staff.

Parent/Legal Guardian Signature: _____ Date: _____

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