



Township of Ocean Schools

Office of the Superintendent

SPARTAN MISSION:

Meeting the needs of all students with a proud tradition of academic excellence.

Consent Form to Administer Medication

_____ *Name of student* _____ *School* _____ *Grade*

is being treated for _____
Illness

and is to be given _____ at _____
Name of Medication *Time(s)*

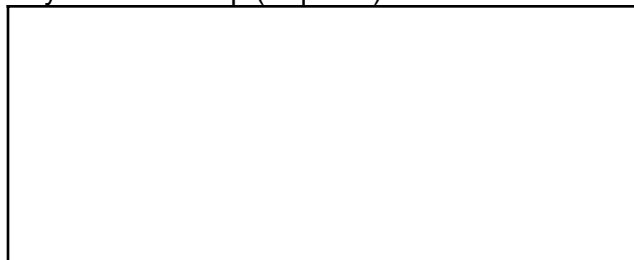
Dosage _____ for _____
Period of time to be given

Contraindications for administration would be _____

Possible Side Effects _____

_____ *Physician's Signature* _____ *Date*

Physician's Stamp (required)



I request that the above medication be administered to my child.

_____ *Parent/Guardian's Signature* _____ *Date*

163 Monmouth Rd., Oakhurst NJ 07755 Phone 732-531-5600 Fax 732-531-3874 www.oceanschools.org

Home of the Spartans!
#SpartanLegacy

