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**GEORGE G. WHITE SCHOOL**

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Dear Parents/Guardians:

Please be reminded that the Hillsdale Board of Education, under state mandate, requires a physician's written order and parent signature in order to dispense any prescribed or over-the-counter medication to a student.

Attached is the school district's medication form to be utilized, if necessary. Please contact me at 201-664-0567 with any further questions or concerns.

Thank you,

Very truly yours,

Christina Fanelli, R.N.  
Certified School Nurse

**AUTHORIZATION FOR MEDICATION TO BE DISPENSED IN THE  
HILLSDALE PUBLIC SCHOOLS, HILLSDALE, NEW JERSEY**

**E1**

\_\_\_\_\_ George White School \_\_\_\_\_  
**Child's Name                      Sex                      Date of Birth                      Name of School                      Grade                      Homeroom**

**I REQUEST THAT THE Certified School Nurse, dispenses the following medication(s) to my child as directed by his/her physician.**

\*\*\* \_\_\_\_\_  
**Parent/Guardian Signature                      Phone Number                      Date**

**The following section is to be completed by the Physician.**

Name of Medication	Diagnosis for Medication	Route of Administration	Dose Prescribed	Time Administered	How often Repeated?	Side effects	Length of time for treatment

**The student above is physically fit to attend school and would not be able to attend school if medication is not administered during school hours.**

\*\*\* \_\_\_\_\_  
**Date                      Physician's Signature**

**Please print or use stamp: Physician's Name: \*\*\* \_\_\_\_\_**  
**Address: \_\_\_\_\_**  
**Telephone: \_\_\_\_\_**