



GEORGE G. WHITE SCHOOL

Christina Horton, RN, BSN NJ-CSN M.ED
Certified School Nurse
chorton@hillsdaleschools.com

120 Magnolia Avenue
Hillsdale, NJ 07642
Tel 201-664-0567 Fax 201-664-2715

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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 Horton, RN, BSN NJ-CSN M.ED
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: _____