



One Sunset Avenue, Verona NJ 07044  
Phone: 973-509-3050 Fax: 973-509-3060 [www.tcischool.org](http://www.tcischool.org)

PHYSICIAN'S MEDICATION AUTHORIZATION FORM

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Child's First Name  
(Please print)

Child's Last Name  
(Please print)

The school nurse at The Children's Institute is to administer the following dosage of medication(s):

- Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ mg Time: \_\_\_\_\_
  
- Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ mg Time: \_\_\_\_\_
  
- Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ mg Time: \_\_\_\_\_

Physician's Stamp:

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Parent/Guardian Name  
(Please print)

Parent/Guardian Signature

Date