



One Sunset Avenue, Verona NJ 07044
Phone: 973-509-3050 Fax: 973-509-3060 www.tcischool.org

PARENT/GUARDIAN MEDICATION RELEASE FORM

I hereby give permission for the school nurse at The Children's Institute to administer medication(s) to my child, which has been prescribed by our private medical physician.

Child's First Name
(Please print)

Child's Last Name
(Please print)

- Medication Name: _____ Dosage: _____ Time: _____

- Medication Name: _____ Dosage: _____ Time: _____

- Medication Name: _____ Dosage: _____ Time: _____

Physician Authorization attached

Parent/Guardian Name
(Please print)

Parent/Guardian Signature

Date