Wendy McNeill *Director* wmcneill@banyanschool.org

ELEMENTARY SCHOOL
Ronald Lieberman *Principal*
12 Hollywood Avenue, Fairfield, NJ 07004
(973) 439-1919
rlieberman@banyanschool.org

HIGH SCHOOL | LIFE ACADEMY
Janet Blanchard *Principal*
471 Main Street, Little Falls, NJ 07424
(973) 785-1919
jblanchard@banyanschool.org

Authorization to Administer Prescription Medication in School

Student Name:____

Date of Birth:____________________ **Grade:**____________________

Name of Medication:____

Dosage:______________________ **Time to be Administered:**____________

Directions:____

____

Name of Medication:____

Dosage:______________________ **Time to be Administered:**____________

Directions:____

____

Name of Medication:____

Dosage:______________________ **Time to be Administered:**____________

Directions:____

____

Please only complete this form if it is applicable for your student. For prescriptions medications, you must also send in the written prescription from the doctor and the medication in its original package.

Parent/Guardian Name (Print):______________________________________

Parent/Guardian Signature:______________________ Date:____________