



**ELEMENTARY SCHOOL**

**Ronald Lieberman** *Principal*  
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**HIGH SCHOOL | LIFE ACADEMY**

**Janet Blanchard** *Principal*  
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**Authorization to Administer Prescription Medication in School**

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.**

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_ **Time to be Administered:** \_\_\_\_\_

**Directions:** \_\_\_\_\_

**Early Dismissal From School. Administer YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_ **Time to be Administered:** \_\_\_\_\_

**Directions:** \_\_\_\_\_

**Early Dismissal From School. Administer YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_ **Time to be Administered:** \_\_\_\_\_

**Directions:** \_\_\_\_\_

**Early Dismissal From School. Administer YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**Parent/Guardian Name (Print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_