



Saint James  
Elementary School

30 Peters Place  
Red Bank, NJ 07701

School Nurse  
Mrs. Marie Lehmann

Office Hours:  
Monday-Friday 7:30 am to 3:00pm  
(732) 741-3363

### Prescription Drug Authorization Form

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication(s): \_\_\_\_\_

Dosage: \_\_\_\_\_

Date from: \_\_\_\_\_ Date to: \_\_\_\_\_

Any action or adverse reaction to be  
expected: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization for the School Nurse to administer the above medication is hereby given.

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