

## Concordia Learning Center at St. Joseph's School for the Blind

761 Summit Avenue, Jersey City, NJ 07307  
(201) 876-5432/ Fax (201) 876-5430

### PRESCRIPTION MEDICATION AUTHORIZATION TO ADMINISTER

DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

I hereby authorize appropriate school personnel to administer prescribed medication(s) to \_\_\_\_\_.

*Prescriptions (Rx) must contain student's name, date, name of medication, dosage amount and exact times to be taken. It must be signed by the physician with the doctor's license number. All Rx's must be written on a prescription pad and attached to this form.*

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Parent's/Guardian's Printed Name

\_\_\_\_\_  
Street Address, City, State, Zip Code

\_\_\_\_\_  
Street Address, City, State, Zip Code

\_\_\_\_\_  
Parent's/Guardian's E-mail