

LIVINGSTON BOARD OF EDUCATION
Livingston, New Jersey 07039

DISPENSING OF MEDICATION ON HALF-SESSION DAYS

SCHOOL YEAR _____

STUDENT
NAME: _____

SCHOOL: _____

GRADE: _____

_____ I give my permission for the medication _____ to be dispensed by the school nurse on half-session days of school.

_____ Do not dispense the medication _____ on half-session days of school.

PLEASE MARK THE ABOVE CHOICE AND SIGN BELOW:

Signature of Parent/Guardian

Verified by School Nurse:

Signature

Date: _____