

WINDSOR LEARNING CENTER

Camille Cerciello, Ed.D.
Director

230-234 Wanaque Avenue
Pompton Lakes, New Jersey 07442
Ph: 973 839-4050 • Fax: 973 839-4052
windsorschoolsnj.com

Christopher D. Lynch, Ph.D.
Director

MEDICATION ADMINISTRATION FORM School Year 2023 - 2024

INFORMATION TO BE COMPLETED BY PHYSICIAN:

Name of Student: _____ DOB: _____

Date of Order: _____

Name of Medication: _____

Dose: _____

Time of Administration at School: _____

Diagnosis: _____

Physician Name and Phone Number: _____

Please use Physician's stamp here:

Physician's Signature _____

PARENT PERMISSION SLIP

I hereby give permission for my son/daughter _____
to be given the above medication in school and will assume any responsibility for any reaction
that may occur.

Date

Parent/Guardian Signature