



**Deer Path Montessori School
Paragon Village
429 Route 46 East, Hackettstown, NJ 07840
908-498-0500**

Long Term Medication Request Form

In order to promote/protect the health of _____ it
(name of student)
is necessary for him/her to have the following medication during school hours.

- Medication _____
- Dosage _____
- Time to be administered _____
- Diagnosis _____

ADVERSE REACTIONS THAT MAY OCCUR _____

Signature of Physician: _____

Physician's Printed name: _____

Address of physician _____

Phone number: _____ Date _____

I understand that a Deer Path Montessori School staff member will administer the above medication to my child from its original container indicating contents, as stated from the pharmacy or physician.

(date)

(parent/guardian signature)

Requests are effective for only one school year and must be renewed annually. Any change in dosage will require a new form completed by MD.