POINT PLEASANT SCHOOLS

Part I - To be completed by the physician

	essential to the health of _ medication be administered		directed:
		_	
	on:		
	on:		
	ration:		
Length of time thi	s order is valid (may NO	Γ exceed school year)	
Physician's signature: Date:			
Physician's stamp	:		
I hereby request physician to my	child. I will supply the nalt will deliver the medica	minister the above me nedication in ORIGINA	dication as directed by my AL CONTAINER from the will notify the school nurse
Signature of Parent/Guardian		Date	
Child's Name		Grade	
Print name of physician		Physician's telephone number	
Incomplete forms w	ill not be accepted.		
PPHS 732-701-1900 ext.2215	Memorial School 732-701-1900 ext.2303	Nellie Bennett 732-701-1900 ext.5209	Ocean Road 732-701-1900 ext.4122