OHR REUVEN אור ראובן
YESHIVA KETANA

Authorization for Medication Form

To Be Filled Out By Physician and Parent

Individual Orders for:
Name:_____
Date of Birth: _____
Weight: _____

The following Standard Over the Counter/PRN medications are available in the Nurse's Office and can be administered at the discretion of the RN (or school administrative staff in RN's absence), if authorized by the student's parent and health care provider.

MEDICATION	ROUTE	DOSE	TIMES TO BE ADMINISTERED	INDICATIONS	COMMENTS
Tylenol					
Motrin					
Benadryl					
Tums					

Student's Physician Name:_____
Address_____
Phone #_____ License #_____
****MD Signature_____ Date_____
****Parent's Signature_____ Date_____