

Pascack Valley Regional High School District

Montvale



Woodcliff Lake



River Vale



Hillsdale



Stephanie DeBruyne
Region II Special Education
Coordinator

PARK ACADEMY



609 Westwood Avenue, River Vale, NJ 07675
201-358-4000 Ext. 4315

Mary Petrovici
Program Coordinator

Tara Flannery
District Coordinator of
Special Programs

Authorization for Administration of Medication 2021-2022

The following section is to be completed by the Parent:

Child's Name _____ Date of Birth _____

School _____ Grade _____

I request that my child be administered or assisted in taking the medication described below at school by authorized persons. I relieve the Board of Education and its employees of any and all liability, which may result from the administration of this medication to my child.

Date Parent/Guardian Signature Home Phone # Emergency Phone #

The following section is to be completed by the PHYSICIAN:

Diagnosis for which medication is prescribed: _____

Name of Medication: _____

Dosage: _____

Time to be given at school: _____

Significant Side Effects: _____

Length of time this medication may be needed: _____

Allergies or other significant information: _____

Date Physician's Signature

Please print the following: Physician's Name: _____

Address: _____

Telephone: _____