GOLDSTAR PEDIATRICS

1340 NJ-34, Aberdeen Township 07747. Ph: (848)300 0010

www.goldstarpediatricsnj.com

DATE: _____

NAME:_____

TO: SCHOOL NURSE

THIS WILL AUTHORISE YOU TO GIVE MEDICATION

TO THE ABOVE NAMED PATIENT, AS INSTRUCTED.

MEDICINE:_____

DOSAGE:_____

TO BE GIVEN:_____

_____

PHYSICIAN SIGNATURE