

AVON ELEMENTARY SCHOOL

Lincoln and Fifth Avenues
Avon-By-The-Sea, New Jersey 07717

avonschool.com



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School Nurse
P-732 775-4328
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Permission for IN-SCHOOL MEDICATION

Student's Name: _____

Condition: _____

Medication: _____

Dose and Time: _____

Date to be Discontinued: _____

Possible Side Effects: _____

This student is physically fit to attend school and is free of contagious disease. He/She would not be able to attend school if this medication is not administered during school hours.

Parent's/Guardian's Signature/ Date

Physician's Signature/ Date