



Medication Form  
**Village Early Childhood Center**  
155 Parkway  
Harrington Park, New Jersey 07640  
Tel. (201) 767-9909 Fax. (201) 767-9919  
[DiscoverNPS@gmail.com](mailto:DiscoverNPS@gmail.com)

Parents,

Village ECC requires that all students who need medication (OTC as well as prescription) during school hours must do the following:

1. Present a written consent form signed by the parent
2. Bring medication in the original prescription bottle, properly labeled by a registered pharmacist as prescribed by law.
3. The child's physician must also sign the request form.

Name of child: \_\_\_\_\_

**TO BE COMPLETED BY THE PHYSICIAN**

Name of medication: \_\_\_\_\_

Specific time(s) and dose(s) to be given at School: \_\_\_\_\_

Length of time: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Physician

\_\_\_\_\_  
Signature of Physician

**TO BE COMPLETED BY PARENT/GUARDIAN**

I, \_\_\_\_\_, give permission for my child to receive the above medication as directed.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date