

LACEY TOWNSHIP HIGH SCHOOL

HEALTH OFFICE

FAX: 609 971-5887

Faxed
11/16/11
+ 12/12/11

TO: DR YASSIN

FAX: 609 242-1906

RE: Kristy Porten

NUMBER OF PAGES 2

MESSAGE: Please sign & return form for
Molein I need a signature not a stamp.
Thank you for your help.

Pat Crook Dr



LACEY TOWNSHIP HIGH SCHOOL

Haines St., PO Box 206
Lanoka Harbor, NJ 08734-0206
Tel: (609) 971-2020 FAX: (609) 242-0873

Mary Elizabeth Esch
Vice Principal

Jeffrey D. Brewer
Vice Principal

Karen M. Hughes
Supervisor of Athletics / Activities

William W. Zylinski
Principal

Dear Parents:

If it is necessary for a child to take **any medication** (prescription or over the counter medicine) in school the following procedure **must** be observed:

1. A written document from the doctor stating:
 - a. The diagnosis
 - b. Name of the medicine
 - c. Dosage, frequency and time medication is to be administered
 - d. Duration
 - e. Side effects and restrictions.
2. A letter from the parent requesting that the medication be given as directed by the doctor
3. The medication must be brought to the school by the parent and kept in the original labeled bottle or contained.

Please notify the school nurse of any existing medical problems.

Thank you for your cooperation in this matter. If you have any questions please contact the Health Office at 971-2028.

Medication Permit Form

Permission to medicate

Date 9-14-11

STUDENTS NAME: Kristy Porter

GRADE: _____

DIAGNOSIS: headaches, pain

MEDICATION: Motrin DOSAGE: 600mg TIME: 96h PRN

DURATION OF ADMINISTRATION: _____

SIDE EFFECTS/RESTRCTIONS: _____



* PHYSICIANS SIGNATURE: _____

PRINT DR. NAME: DR YASSIN

PHONE NO: 609 242-1906 FAX

I authorize the school nurse to administer the medication as ordered. 971-0010

* PARENT/GUARDIAN SIGNATURE: _____

THIS PERMISSION IS VALID FOR ONE SCHOOL YEAR ONLY. A NEW FORM IS REQUIRED EACH SCHOOL YEAR.

Yassin Pediatrics
PO Box 537
Forked River NJ 08731
609.971.0010

no

Name: Christy Porter
DOB: 09/24/1995

to whom it may concern, please allow kristy porter to take [1] 600 mg motrin every 6 hours as needed for headaches, also she takes her xopenex inhaler [2 puffs] qid, as needed

Signed Off By Maryanne Engrassia on Thursday, November 10, 2011 at 11:59:09 AM

Yassin Pediatrics
11 Lacey Road
PO Box 537
Forked River, NJ 08731
609-971-0010

grin for
TO Sign