
WOOD-RIDGE SCHOOL DISTRICT

Telephone: (201) 933-6777

PARENTAL AUTHORIZATION FOR
ADMINISTRATION OF MEDICATION

This letter shall serve as written authorization to the Wood-Ridge Board of Education to have its school nurse administer medication to my child, _____, in school or at school related events.

Attached you will find written orders from my child's physician indicating that my child's attendance at school depends upon the timely administration of medication.

Parent/Guardian

Date