

**Rochelle Park School District**  
**Midland School #1**  
201-843-3120

**Student Medical Concerns Form**

PARENT(S)/GUARDIAN(S) to complete this section:

Student's Full Name \_\_\_\_\_ School Year \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Physician's Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

My child has the following medical concerns that I wish to make the school nurse aware of:

If your child requires medication to be administered during school hours:

1. Complete the appropriate Medical Authorization Form listed on the District website.
2. Provide medication in its original container.
3. Prescription medications must have a pharmacy label.
4. A parent/guardian must bring medication in person to the nurse's office. Students are not permitted to carry medication as per school policy.
5. For students that are permitted by their physician to self-administer their medication, please complete the Medication Self-Administration Form. **Not permitted in Hubbard and Tisdale Schools.**

Signature of Parent/Guardian

Date

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*Return this form directly to the nurse at your child's school*