



The Abraham Joshua Heschel School
Miriam & Isaac Blech Early Childhood Center
Henry Lindenbaum Lower School
270 West 89th Street, New York, NY 10024
The Joseph Slifka Middle School
314 West 91st Street, New York, NY 10024
The Abraham Joshua Heschel High School
The Joseph and Sylvia Slifka Building
20 West End Avenue, New York, NY, 10023

**ONE FORM
PER CHILD**

**PRESCRIBED MEDICATION PERMISSION FORM
2010-2011**

Student: _____

Medication name: _____

Amount of medication to be taken (dose): _____

Reason for medication (diagnosis): _____

Please fill in the following information:

1. My child will be taking this medication during the school day the following dates:

2. Time during the day when medicine is to be given: _____

3. Any restrictions, complications, or side effects: _____

4. Other recommendations: _____

As mentioned before, the school does not dispense and cannot accept responsibility for any consequences that result from administering medication.

The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the school nurse will administer the medication or an adult will supervise my child taking his/her own medication.

Parent's Signature: _____ Date: _____