

HARRISON HIGH SCHOOL

401 KINGSLAND AVE
HARRISON, NEW JERSEY 07029
TEL: (973) 482-5050 & FAX: (973) 412-8729

MATTHEW D. WEBER
Principal

STEPHEN S. LIPSKI
Assistant Principal



KIMBERLY A. HUARANGA
Assistant Principal For Athletics

JENNIFER C. CORRENTI
Director - Student Personnel Services

I hereby request the following medication be given to my child at the prescribed time and dosage by the School Nurse.

Child's Name _____ Age: _____ Grade: _____

Address _____ Phone Number _____

Parent/Guardian Signature _____ Date: _____

To be filled out by private physician:

Diagnosis: _____

Name of Medication: _____

Dosage: _____ Time to be given: _____

Side effects: _____

Comments: _____

Physician's Signature _____ Date: _____

Address: _____ Phone Number _____

**** Please Note****

Medication is to be brought to school by the parent in the original container labeled by the pharmacy. All medication will be kept by the school nurse in a locked storage cabinet.