



PARTNERS IN LEARNING, INC.

Where Children Learn & Grow Together Since 1999

Therapeutic Learning Center
Turnersville, NJ 08012
856-374-2821

Cherrywood Academy & Private Preschool
Clementon, NJ 08021
856-566-1004

Country Acres Private Preschool
Williamstown, NJ 08094
856-881-0400

Partners in Learning Private Preschool
Northfield, NJ 08225
609-377-8337

Dear Parents/Guardians:

Please keep the Medication Authorization Form in case medication needs to be disbursed during the school year. This form must be completed by you and your child's doctor and returned to the center before any medication can be disbursed. Additional forms can be found online on our website, partnersinlearningnj.org.

Thank you.



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MEDICATION AUTHORIZATION FORM

TO BE COMPLETED BY THE HEALTH CARE PROVIDER:

Name of Child _____	Date of Birth _____
Medication/Strength _____	
Dosage to be Given _____	Time to be Given _____
Route of Administration _____	Diagnosis _____
Side Effects _____	
Duration of Order (no longer than duration of school year) _____	
Doctor's Signature/Stamp/Date: _____	

TO BE COMPLETED BY PARENT/GUARDIAN: I hereby give consent for the following:

_____ Center staff may administer the medication to my child according to the physician's directions above.

_____ The Center's Director has my permission to contact the physician should there be any questions or concerns regarding this medication. I understand that this medication must be delivered to school personnel by the parent/guardian and that students are NOT to transport medication unless it is an approved emergency medication. I understand that this medicine must be in the original, labeled container. The medication provided must match the physician's order. I hereby release the Center, their agents, and employees from any and all liability that may result from my child taking this medication.

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Phone: Home _____ Cell _____ Work _____

Center Director Signature: _____

Date _____