

All elementary and high school medical forms must be submitted to the school nurse by email (nurse@ykop.org) or fax (877-848-3707).
 All preschool forms must be sent directly to the preschool by email (preschool@ykop.org) or fax (973-471-1391).
 OR VIA THE YKP PARENT PORTAL

Please note that NJ State Law requires that MD and parent sign this annually
ONE form per family covers all divisions

AUTHORIZATION TO ADMINISTER MEDICATIONS TO STUDENTS

School Year: 2025 - 2026

I hereby authorize Yeshiva M'kor Boruch/Bnos Bracha/Bais Yaakov Passaic Nurses or their designees to administer the following medications to my children.

Name of Medication or Generic equivalent	Route	Dosage	Schedule	Put an X ONLY if med may NOT be given
Tylenol	PO	Per label instruction by age/weight	Every 6 hrs. as needed for discomfort or elevated temp	
Advil	PO	Per label instruction by age/weight	Every 6 hrs. as needed for discomfort or elevated temp	
Benadryl	PO	Per label instruction by age/weight	Every 6 hrs. as indicated for allergic reactions	
Tums	PO	Per label instruction by age/weight	Every 30 min as needed for gastric upset/heartburn	
Zyrtec	PO	Per label instruction by age/weight	Once per day as indicated for allergic reactions	

Family Name: _____

Home Address: _____

School Year: _____

******* Parental and MD signatures are MANDATORY for the validity of this form! *******

Parent / Guardian Name (printed)

Physician Name (printed)

Parent / Guardian Signature

Physician Signature