



Mildred S. Scott
Sheriff

Middlesex County Sheriff's Office

701 Livingston Avenue
New Brunswick, N.J. 08903
Phone (732) 745-3271 Fax (732) 745-4381



David Q. Irizarry
Undersheriff

Medication Administration

Please fill out one medication per sheet

Name: _____

Name of Medication: _____

All medications must be clearly labeled; Prescription medications must have an Rx Label

Dose: _____

Route of administration (oral, intramuscular, etc.) _____

Time(s) to be administered: _____

Dates to be administered: _____ through _____

Refrigeration necessary: _____

Does medication have to be kept with the cadet? _____

Possible adverse reactions: _____

Emergency contact names and numbers: _____

I authorize the administration of the medication indicated above to my child by the Middlesex County Sheriff's Office D.A.R.E Junior Academy staff.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____

Middlesex County Sheriff's Office Staff Use Only:

Staff member(s) authorized to administer: _____

Staff Signature: _____

THIS FORM MUST BE RETURNED. IF ANY INFORMATION DOES NOT APPLY, PLEASE WRITE "N/A" ON NON-APPLICABLE LINES AND SIGN