## JACKSON SCHOOL DISTRICT

151 Don Connor Blvd. Jackson, NJ 08527

(732) 833-4600

## **Medication Administration Request**

Dear Parent/Guardian,

Your request for your child \_\_\_\_\_\_\_ to have medication administered in school has been received. School regulations do not allow the nurses to dispense medicine, including over-the-counter medications, without a doctors written order.

If your child needs medication during school hours, the form below must be completed, **SIGNED** and **STAMPED** by your doctor, and returned to the school nurse before medication can be administered.

Medications must be in an original pharmacy container, properly labeled with your child's name, dosage, etc. Upon filling a prescription, please ask your pharmacist for an extra labeled bottle for the nurse to keep with a supply of medication for the time the student will be on it. This will ensure the safety of the medication, prevent it from being left in school, theft or breakage. All medications are kept locked up at all times.

Students may NOT carry medication in school without a doctors order. Only the school nurse or the parent/guardian are permitted to administer medication on school premises. In the event the school nurse is absent, you will be contacted to come in and give the medication.

Orders for medication must be renewed yearly in September. Any remaining medication must be picked up by the parent from their child's school at the end of the school year.

Parent's Signature

Please have your doctor fill out this form, **sign and stamp**, and return it to the school nurse. Medications cannot be administered until it is received.

Student Name:	Grade: Date:
Diagnosis:	Medication:
Dosage:	Length of time to be on medication:
Special conditions to observe:	
Is child on any other medication? If yes, please list:	
Physician's Signature	Physician's Stamp

## This form will not be accepted without the stamp!!

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