

Department of Special Services
Scotch Plains-Fanwood Public Schools

REQUEST FOR ADMINISTRATION OF MEDICATION

It is the policy of the Board of Education that:

- The school will not provide pupils with any medication without an order from the treating health care provider.
- Pupils requiring prescription or over the counter medication at school must have a written statement from the treating health care provider which identifies the diagnosis, the medication, the dosage, the times(s), for administration, and the number of days on which the medication is to be administered.
- A written statement is required from the parent giving permission for the prescribed medication and relieving the school of responsibility for any possible adverse effects of said medication.
- Parents must assume the responsibility for delivering medication in the original container to the school nurse. Medication is to be held by, and administered only by the school nurse.
- The school nurse may administer emergency medication for severe allergic reaction as authorized by the school medical inspector.
- In the absence of the school nurse, alteration in medication time schedule may be necessary.

REQUEST FROM PARENT

I hereby request that my child, _____, Grade _____, at _____ School, be administered medication during school hours or, on an overnight field trip, as prescribed by our health care provider whose written directions accompany this request. I understand that the ultimate responsibility for the administration of the medication is mine, and I understand that the duties of the school nurse may require her presence at an emergency or at another school at the time that the medication is needed. As long as proper procedures are followed, I release the School Board and the school staff from any responsibility for adverse effects due to administration or lack of administration of this medication. I will deliver the medication in the original container to the school nurse.

Signature of Parent

Date

RECOMMENDATION OF PRIVATE PHYSICIAN

Student's name: _____ **Gr** _____ **Diagnosis** _____

FOR OVERNIGHT FIELD TRIPS: An order from you health care provider is required for all over the counter and prescription medications needed on an overnight field trip. The nurse dispenses all medicine at breakfast and bedtime unless otherwise indicated. A student may only self-administer a rescue inhaler, auto inject epinephrine or insulin. No order is needed for Tylenol, Advil, Benadryl or Tums. These medicines are ordered and provided by the school district. This medication order is valid for the entire school year and may be used for all overnight trips.

Medication:	Dose	Breakfast	Bedtime	Other specified time
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Signature of Health Care Provider

Date

Stamp/Address/Phone: _____

