

MEDICATION FORM

Sayreville School District
P.O. Box 997
Sayreville, NJ 08871

Dear Parent/Guardian:

School Year _____

The taking of medication in school is regarded very seriously. Medication is considered such if it is prescribed by a physician or is an over-the-counter medication, including but not limited to Tylenol (acetaminophen), ibuprofen, cough syrup, etc.

If your child requires medication during school hours, it must be sent in the original properly labeled container and the form below must be completed. Your assistance in adhering to our policies is greatly appreciated.

Pupils may take medication in a building only in the presence of a nurse and at the written request of a parent **and** physician with following exception:

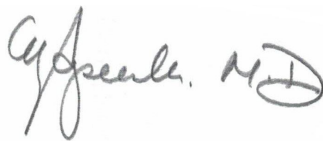
A pupil may be permitted to self-administer medication for asthma or other potentially life-threatening illness. The child's physician must certify, in writing that the child has asthma or another life threatening illness and that the child is capable of and has been instructed in the proper administration of the required medication.

Permission is effective for the school year for which it is granted and must be renewed annually, following the above mentioned process. Prescriptions are valid up to expiration dates.

The school and the Sayreville Board of Education take no responsibility for the diagnosis and treatment of pupil illness. The district shall incur no liability as a result of any injury arising from the self-medication.

School Physician: Matthew Speesler M.D.

Sincerely,



School Physician's Signature _____

Richard Labbe, Ed.D.
Superintendent