

SPRINGFIELD PUBLIC SCHOOLS
SPRINGFIELD, NJ 07081

PARENTAL REQUEST FOR NURSE TO ADMINISTER MEDICATION IN SCHOOL

Permission slips must be signed both by parent / guardian and a doctor-

To: _____ (School Nurse) Date: _____

Student's Name: _____ Grade: _____

Medication: _____ Dosage: _____

at _____ o'clock on the following day(s): _____

My child is taking the above medication for the following reason:

Parent / Guardian Signature _____



REQUEST OF PRIVATE PHYSICIAN

In order to protect the health of _____

It will be necessary for him /her to have medication during school hours, prescribed by me as follows:

Diagnosis: _____ Time: _____

Medication : _____ # of Days: _____

Dosage: _____ Side Effects: _____

Signature of Doctor _____ Date _____

Stamp or print name of doctor _____

*** MEDICATION MUST BE DELIVERED BY THE PARENT TO THE SCHOOL NURSE
IN THE ORIGINAL SEALED CONTAINER ***

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ADMINISTRATION OF MEDICATION IN SCHOOL*

Occasionally we get requests from parents to administer medicine to children in school. This shall be done only in exceptional circumstances where the child's health will be jeopardized without it. Only the school nurse or parent / guardian may administer the prescribed medication. We will provide this service when parents strictly adhere to the following rules:

1. Pupils requiring any medication at school must have a written statement from the family physician, which identifies the diagnosis, the medication, the dosage, the time(s) for administration, and, the number of days on which the medication is to be administered. This applies to both prescription and over the counter medications.
2. If your child may occasionally need a medication for menstrual cramps, allergies, etc., please obtain a doctor's order according to the above rule and bring it to the school nurse at the beginning of the school year.
3. A written statement shall also be required from the parent giving permission for the prescribed medication and relieving the school or responsibility for any possible adverse effects of said medicine.
4. The medication must be in a container supplied by the pharmacy, clearly labeled according to standards with the child's name, date, and medication, dosage, doctor's name, etc. You are requested to ask your pharmacy to prepare and label two containers, one for use in school and one for home.
5. The medication must be brought directly to the school nurse by a parent or responsible adult. It is not advisable for young children to carry medication to and from school.

This information will contribute to the safety of your children. We suggest that you keep this letter as a handy reference. Please use the form on the back of this note when your child needs this service.

*Medication policy as approved by the Springfield Board of Education following guidelines stated by the New Jersey Department of Education.