

# STILLWATER TOWNSHIP SCHOOL

P.O. BOX 12  
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STILLWATER, NJ 07875



WILLIAM KOCHIS  
SUPERINTENDENT

MARISSA CRAMER  
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October, 2020

Dear Parents/Guardians,

For your convenience, we have standing orders that include medications such as Tylenol, Advil, Tums, Benadryl and throat lozenges. I am permitted to give your child these listed medications as needed during the school year, with your approval. Please check any/all the medications you wish to have your child receive, if necessary, in school. **Before administering any medication, I would contact you to be sure this is what you would like done.** The dosage for the medication would be according to the manufacturer's recommendations. If you do not wish your child to receive any medication, please check off that option. However, if the time comes when your child would need some medication for pain or fever and you were not able to pick him/her up, I would not be permitted to administer such medication. I need written permission on file in order to legally administer any medication. This form can only be used to give permission to administer the listed medications. If your child needs to take an inhaler, antibiotics, Benadryl for severe allergic reactions, Epi-pen or any other medication not listed, you need to obtain a doctor's order from your own physician. The form must be signed and dated to be valid. If you have any questions, please contact me. I hope this makes things a little easier for all of us this year.

Sincerely,  
Colleen Hurley, School Nurse

**NO**, I DO NOT WISH THE NURSE TO GIVE MY CHILD ANY MEDICATION

**YES**, I give permission for the school nurse to administer the following medication(s) to my child, as needed during the school year. I understand that this signature gives the nurse permission to administer the designated medications to my child, as needed, during this school year only.

- Acetaminophen (Tylenol) - includes Children's, Junior; and Adult (dosage based on manufacturer's recommendations)
- Ibuprofen (Advil/Motrin) - dosage according to manufacturer's recommendations
- Tums
- Benadryl
- Cough drops and throat lozenges

Child's Name: \_\_\_\_\_

Grade/Teacher: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_