Dr. Aleya Shoieb
Superintendent
ashoieb@rahway.net

Rahway Public Schools

Kline Place
P.O. Box 1024
Rahway, NJ 07065
(732) 396-1000

Dear Parents/Guardians:

At times during the school year, you may find it necessary for your child to have medication administered during the school day. When this is the case, the procedures listed below are to be followed in order to assure the health and safety of your child:

1. Written, signed permission by the doctor must be given to the school nurse.
   Please use the form on the reverse side.

2. Written, signed permission by the parent/guardian must be given to the school nurse.
   Please complete the form on the reverse side.

3. Medication must be brought to the school nurse by the parent/guardian in the original, current prescription container.

4. Whenever possible, the morning dose and the late afternoon dose of medication should be given at home.

NOTE: According to state law, only a registered School Nurse may dispense medication to a student in school, with **written, signed** permission from the child's physician.
Please note: No over-the-counter medications are to be brought to school by the student.

If you have any questions or require further assistance, please feel free to contact the school nurse. Thank you for your cooperation in this important matter.

Sincerely,
Your School Nurse
I may be reached @ 732- 396-
Franklin: Ext **1053**
Grover Cleveland: Ext **1043**
Madison: Ext **1054**
Roosevelt: Ext **1058**
7&8th Grade Academy:Ext **1098**
High School: Ext **1088**
Preschool**: 732-827-7204**

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PHYSICIAN'S ORDER FOR ADMINISTRATION OF MEDICATION IN SCHOOL

Physician's Name, Address, & Telephone:	**Physician's Stamp (Must be provided):**

It is necessary that _____ receive the following medication(s) in school:
(Student's Name)

1. _____/_____/ _____
(Name of Medication) (Dosage) (Route)

Time of administration: _____ AM / PM From (date) _____ until _____

2. _____/_____/ _____
(Name of Medication) (Dosage) (Route)

Time of administration: _____ AM / PM From (date) _____ until _____

In the case of a shortened school day: (Check A or B below)
A. This medication should be given in school at _____ AM / PM
B. This medication should not be given in school.

Dismissal: 12:30 PM - High School
12:45 PM - Elementary & Middle Schools

In the case of a school trip: (Check A or B below)
A. This medication **may** be omitted for the day.
B. This medication **may not** be omitted for the day.
If this medication **may not** be omitted, may the time of administration be adjusted by up to two hours so that the medication can be given before or after the school trip? _____YES _____NO

(Physician Signature)_____ (Date _____/_____/ _____)

PARENTAL PERMISSION FOR ADMINISTRATION OF MEDICATION IN SCHOOL

I give permission for the school nurse to administer medication to my child as instructed by the physician order above:

Student's Name: _____Grade:_____ Teacher: _____

1. _____ 2. _____
(Name of Medication) (Name of Medication)

_____ _____
(Parent/Guardian Signature) (Date)