

**TEWKSBURY TOWNSHIP SCHOOLS
PERMISSION TO DISPENSE MEDICATION IN SCHOOL**

**OLD TURNPIKE SCHOOL
171 OLD TURNPIKE ROAD
CALIFON, NJ 07830**

**TEWKSBURY ELEMENTARY SCHOOL
109 FAIRMOUNT ROAD EAST
CALIFON, NJ 07830**

REQUEST FOR ADMINISTRATION OF MEDICATION IN SCHOOL

The Tewksbury Township School District permits the administration of medicine (including Tylenol, Advil, etc.) to a student during school hours only with the written permission of the physician/dentist and the written request of the parent or guardian.

Part I TO BE COMPLETED IN FULL BY THE PHYSICIAN OR DENTIST

I certify that it is necessary for the health of _____
that the following medication be administered during school hours as directed.

Diagnosis: _____

Name of Medication: _____

Dosage: _____

Time of Administration During School Hours: _____

Side Effect, if any: _____

Length of Time the Order is Valid: _____

(may not exceed the current school year)

Date

Signature of MD/Dentist

Telephone Number

MD/Dentist Name (Printed or Typed)

MEDICATION ORDER FOR CLASS TRIP DAYS

_____ Dose may be omitted _____ Schedule may be adjusted (Please specify below):

Part II TO BE COMPLETED BY THE STUDENT'S PARENT/GUARDIAN

I hereby request that the school nurse administer the above medication as directed by my physician to my child _____.

I will supply the medication in its original container and will notify the school nurse promptly of any changes.

Date
Permission to Dispense
U:ecc/Health Forms

Signature of Parent/Guardian