LONG HILL TOWNSHIP PUBLIC SCHOOLS

Medication Letter

Central School Health Office
90 Central Ave., Stirling, NJ 07980

TEL (908) 647-2311 x 4004
FAX (908) 647- 2920 SECURE

Dear Parents/Guardians:

The responsibility of administering medication to a child belongs to the parent. In exceptional circumstances, medication may be administered by the school nurse when the following conditions are met:

1. The prescribed medication is necessary to maintain the child in school, and /or without this medication the health of the child may be jeopardized.
2. A statement from your physician giving the name, dosage, time and need for the medication
3. A statement from the parent giving permission to the nurse to administer this medication.
4. The Prescribed medication must be in the **prescription labeled bottle** from the drug store.

Lauren Lozowski, RN, CSN
Central School Nurse

PARENT AUTHORIZATION FOR MEDICATIONS TO BE TAKEN DURING SCHOOL HOURS:

Child's Name: _____ Sex: M __ F __ Date of Birth _____

Physician: _____
NAME ADDRESS TELEPHONE

I request that my child be assisted in taking the medicine(s) described below at school by authorized persons or be permitted to medicate herself/himself for asthma or a potentially life-threatening illness as also authorized by me and my physician (see below). A photograph may be taken of your child for ID purposes only.

Date: _____ Parent's signature: _____

Home phone: _____ Emergency Phone: _____

TO BE COMPLETED BY THE PHYSICIAN:

Diagnosis for which medication is given: _____

Name of Medication: _____

Dose, Form and Time: _____

If medicine is to be given "When needed/PRN", describe indications: _____

How soon can it be repeated? _____

List significant side effects: _____

Length of time child is to take RX: _____

Is the child authorized to medicate herself/himself? _____

DATE: _____ PHYSICIAN SIGNATURE: _____

Physician phone: _____

Physician Stamp: