

Howell Township Public Schools

PROUD OF OUR SCHOOLS CONCERNED FOR OUR CHILDREN

Dear Parent/Guardian,

Should it be necessary for your child to receive medication during school hours, you must present **this form** or an order from your personal physician, stating medication, **dosage, time of administration**, and the length of time your child will be on medication. This includes Tylenol, Motrin, cough drops and **all** over-the-counter medications. Any changes in these directions must be verified by a call to the school nurse, as well as a written note from the physician.

Any dangerous condition being experienced by a child on medication should be spelled out in detail with procedures to follow should a reaction occur. **Medicine must be properly labeled and in the original container, with the child's name, dosage, etc., on the pharmacist's label. The parent/guardian must transport all medication to and from school, unless a child has a doctor's signed permission to self-medicate and therefore carry an emergency medication (inhaler, pre-filled auto-injector mechanism).**

Sincerely,

Dorothea Fernandez
Director of Pupil Services

Request for Administration of Medication

Student _____ Homeroom _____ Date _____

Diagnosis _____

Name of Medication _____ Dosage _____ Time of Administration _____

Daily or PRN: _____ to be given _____ minutes before physical education or recess

To begin on _____ and conclude on _____

Possible side effects to be observed: _____

Special Instructions _____

Is this medication needed during field trips? Yes _____ No _____

Is this medication to be given on early dismissal day? Yes _____ No _____

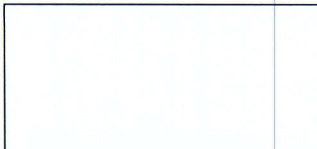
Is child on any other medication? _____

Physician's Signature _____ Parent/Guardian Signature _____

School Physician's Approval _____

Signature of Principal/Approval

PLEASE NOTE: If your child has permission from their physician to self-medicate with an emergency medication such as an asthma inhaler or a pre-filled auto-injector mechanism, please obtain the self-medication order form from your school nurse or download it from the district website.



Physician's Stamp