

**DENVILLE TOWNSHIP SCHOOLS
HEALTH SERVICES**

Request for Administration of Medication

In accordance with school policy 5330, medication means any **prescription** drug or prescribed **over the counter medicine** or nutritional supplement. Should it become necessary for your child to take medication during school hours the following procedure must be followed. No medication will be administered to pupils in school except by the School Nurse, another registered nurse or the pupil's parent/guardian.

Students requiring **medication** at school must have a **written order from the pupil's private physician and the parent/guardian's written request for its administration**. Medication must be delivered to the school nurse by the pupil's parents, guardian or designee in the **original container labeled by the pharmacy or physician** in the case of a prescribed medication, or the manufacturer's label in case of an over-the counter medication. Written orders signed by the pupil's private physician must be provided stating the name of the medication, the purpose of its administration and its proper timing and dosage.

1. Student's Name _____ Grade _____

2. Name and dosage of medication _____

3. Reason for medication _____

4. Time to be given _____

5. Length of Time Prescribed _____

6. Signature of Physician _____ DATE _____

Physician's Office Stamp

7. Signature of Parent/Guardian _____ DATE _____

Parent telephone number to be called: _____

If there is any change during the course of the school year, please notify the School Nurse in writing. Medication request forms must be updated annually.

Lakeview 973-983-6540X 2
Fax # 973-983-1957

Riverview 973-983- 6545 X2
Fax # 973-627-3681

Valleyview 973-983-6535X2
Fax # 973-627-0281