FREEHOLD TOWNSHIP ELEMENTARY/MIDDLE SCHOOLS
MEDICATION ORDER - PHYSICIAN/PARENT

Freehold Township Board of Education Policy #5330 states: "Parents and legal guardians are encouraged to administer medications to children at home whenever possible as medication should be administered in school only when necessary for the health and safety of pupils". Medication means any prescription drug or over the counter medicine or nutritional supplement and requires a parent/guardian to provide a written request for the administration of the medication at school, in addition to the physician's statement. All physician/dentist's orders must be **SIGNED; STAMPS OR COUNTER-SIGNATURES WILL NOT BE ACCEPTED.**

Part I - TO BE COMPLETED IN FULL BY THE STUDENT'S MEDICAL PROVIDER

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

DIAGNOSIS_____

NAME OF MEDICATION_____

PURPOSE OF ITS ADMINISTRATION_____

DOSAGE AND MODE_____

TIME AND FREQUENCY OF ADMINISTRATION_____

SIDE EFFECTS, IF ANY_____

LENGTH OF TIME THE ORDER IS VALID (may not exceed school year) _____

_____ _____
DATE **SIGNATURE OF PHYSICIAN/ APN/DENTIST**
(stamps or counter signatures are not acceptable)

TELEPHONE NUMBER_____

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/dentist to my child _____. **I will supply the medicine in an ORIGINAL CONTAINER and will deliver it in person.** I will notify the school nurse promptly of any change in this order.

_____ _____
DATE SIGNATURE OF PARENT/GUARDIAN

_____

 TELEPHONE NUMBER