

MARLBORO TOWNSHIP BOARD OF EDUCATION  
1980 TOWNSHIP DRIVE  
MARLBORO, NEW JERSEY 07746-2298

**REQUEST FOR ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS**

Your request for your child to have medicine administered during school hours has been received.

School regulations regarding medication are detailed in the parent's handbook.

Should your child be taking medication which must be given during school hours, you must present the form below, completed by your physician, stating what is to be given, dosage, and length of time your child will be on medication.

Any side effects that may be experienced by the student while on medication should be spelled out in detail with procedure to follow should a reaction occur.

Medicine should be properly labeled, in original container, with the child's name, dosage, etc. on the pharmacist's label.

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Please have your child's physician complete the following information, sign below, and return it to the school nurse.

STUDENT'S NAME \_\_\_\_\_ TEACHER \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_

MEDICATION \_\_\_\_\_ DOSAGE \_\_\_\_\_

MEDICATION \_\_\_\_\_ DOSAGE \_\_\_\_\_

LENGTH OF TIME ON MEDICATION \_\_\_\_\_

SPECIAL CONDITIONS TO BE OBSERVED \_\_\_\_\_

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DO YOU WANT MEDICATION TO BE GIVEN ON HALF DAYS? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU WANT MEDICATION TO BE GIVEN ON CLASS TRIPS? YES \_\_\_\_\_ NO \_\_\_\_\_

***IT IS VERY DIFFICULT TO SECURE THE SERVICES OF A NURSE TO ACCOMPANY STUDENTS REQUIRING MEDICATION ON FIELD TRIPS. IF YOU ARE A PARENT/GUARDIAN OF A STUDENT NEEDING MEDICATION, PLEASE MAKE EVERY EFFORT TO ACCOMPANY YOUR CHILD ON FIELD TRIPS.***

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PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*MEDICATION REQUESTS MUST BE RENEWED EACH SCHOOL YEAR.\*  
THIS DOCUMENT MUST BE EXECUTED NO EARLIER THAN JULY 1, OF THE INCOMING SCHOOL YEAR.**