

Metuchen Public Schools  
Metuchen, NJ 08840

**REQUEST FOR ADMINISTRATION OF MEDICATION**

It is the policy of the Board of Education to discourage children from taking medication while attending school. However, if your child has a medical issue which necessitates his/her taking medication during school hours, please contact the school nurse.

Medication (including non-prescription medication) shall be administered only upon the written order of the prescribing physician and at the signed request of the parent, giving permission to administer the medication and releasing school personnel from all liability for administering the medication as specified.

Medication shall be given to the nurse ONLY in the labeled prescription bottle or the original container. The school shall not provide any medication, this includes over the counter medication.

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**REQUEST FROM PARENT**

I hereby request that my child, \_\_\_\_\_, who attends Grade \_\_\_\_\_, at \_\_\_\_\_ School, be administered medication during school hours as prescribed by our physician whose written directions accompany this request. I hereby give permission to the school nurse to administer medication to my child as directed by the physician.

I release school personnel of all liability for the administration of medication as specified below.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Emergency Contact Phone Number

\_\_\_\_\_  
Address

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**RECOMMENDATION OF PRIVATE PHYSICIAN**

In order to protect the health of \_\_\_\_\_, it will be necessary for him/her to have medication during school hours, prescribed by me, as follows:

Diagnosis \_\_\_\_\_

Dosage and Route \_\_\_\_\_

Medication \_\_\_\_\_

Time(s) to be given \_\_\_\_\_

Number of Days \_\_\_\_\_

PHYSICIANS STAMP

\_\_\_\_\_  
Physicians Signature

\_\_\_\_\_  
Date