

HOPEWELL VALLEY CENTRAL HIGH SCHOOL
259 Pennington-Titusville Road, Pennington, NJ 08534

REQUEST FOR ADMINISTRATION OF MEDICATION IN SCHOOL

The Hopewell Valley Regional School District permits the administration of medication to a student during school hours only when the student's physician and/or dentist/orthodontist certifies in writing that the administration of medication during school hours is essential to the health of the student. In other words, failure to take such medicine would jeopardize the health of the student or the student would not be able to attend school if the medicine were not made available to him/her during school hours. The parent or guardian must also provide a written request for the administration of medication at school.

PART I – TO BE COMPLETED IN FULL BY STUDENT'S PHYSICIAN OR DENTIST

I certify that it is essential to the health of _____ that the following medication be administered during school hours as directed. Any alteration to this order will occur only with written directions from the prescribing physician.

DIAGNOSIS	
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NAME OF MEDICATION	
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DOSAGE	
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TIME OF ADMINISTRATION DURING SCHOOL HOURS
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*** Whenever possible, non-emergency medication should be scheduled during the child's lunch.**

a. Medication may be given during lunch		Yes		No
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b. Other:		Yes		No
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*** On days when field trips are taken:**

a. Medications may be waived		Yes		No
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b. Medication may be given when the student returns to school		Yes		No
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SIDE EFFECTS, IF ANY:				
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LENGTH OF TIME THE ORDER IS VALID (may not exceed the school year)				
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NAME OF PHYSICIAN/DENTIST (type or print)	
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TELEPHONE NUMBER	
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PHYSICIAN SIGNATURE	
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DATE	
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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 to my child _____ . I will supply the medication in its **original container** and will notify the school nurse promptly of any change.

I hereby relieve the Board of Education and its employees of liability for administration of the prescribed medication.

SIGNATURE OF PARENT/GUARDIAN	
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DATE	
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