



# Howell Township Public Schools

Dear Parent/Guardian,

Should it be necessary for your child to receive medication during school hours, you must present **this form** or an order from your personal physician, stating medication, **dosage, time of administration**, and the length of time your child will be on medication. This includes Tylenol, Motrin, cough drops and **all** over-the-counter medications. Any changes in these directions must be verified by a call to the school nurse, as well as a written note from the physician.

Any dangerous condition being experienced by a child on medication should be spelled out in detail with procedures to follow should a reaction occur. **Medicine must be properly labeled and in the original container, with the child's name, dosage, etc., on the pharmacist's label. The parent/guardian must transport all medication to and from school, unless a child has a doctor's signed permission to self-medicate and therefore carry an emergency medication (inhaler, pre-filled auto-injector mechanism).**

Sincerely,

Kerri Walsifer  
Director of Pupil Services

## Request for Administration of Medication

Student \_\_\_\_\_ Homeroom \_\_\_\_\_ Date \_\_\_\_\_

Diagnosis \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time of Administration \_\_\_\_\_

Daily or PRN: \_\_\_\_\_ to be given \_\_\_\_\_ minutes before physical education or recess

To begin on \_\_\_\_\_ and conclude on \_\_\_\_\_

Possible side effects to be observed: \_\_\_\_\_

Special Instructions \_\_\_\_\_

Is this medication needed during field trips? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this medication to be given on early dismissal day? Yes \_\_\_\_\_ No \_\_\_\_\_

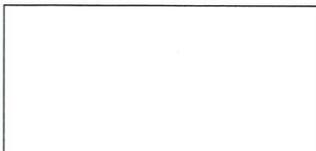
Is child on any other medication? \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

School Physician's Approval \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal/Approval

**PLEASE NOTE: If your child has permission from their physician to self-medicate with an emergency medication such as an asthma inhaler or a pre-filled auto-injector mechanism, please obtain the self-medication order form from your school nurse or download it from the district website.**



Physician's Stamp