

PARSIPPANY TROY-HILLS TOWNSHIP SCHOOLS

REQUEST FOR ADMINISTRATION OF MEDICATION

My child \_\_\_\_\_, date of birth \_\_\_\_\_, is in  
need of \_\_\_\_\_ medication during school  
hours/school sponsored events. I am requesting that the above medication be  
administered to my child as described in the written Health Care Provider's order,  
and according to Parsippany Troy-Hills district policy.

This request is effective for the \_\_\_\_\_ school year only.

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Nurse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

PARSIPPANY-TROY HILLS TOWNSHIP SCHOOLS

HEALTH SERVICES

**MEDICATION AUTHORIZATION**

Date \_\_\_\_\_

Dear Parent/Guardian:

You have indicated that (Name) \_\_\_\_\_

(Grade) \_\_\_\_\_ is in need of medication during school hours.

It is our policy to have written permission. Please have your physician complete and return to the school nurse.

1. Pupil's name \_\_\_\_\_
2. Diagnosis \_\_\_\_\_
3. Name of medication \_\_\_\_\_

**PLEASE NOTE: An order for epinephrine may be administered by a non-medical trained delegate who is authorized to administer epinephrine ONLY. As such, antihistamines or other medications cannot be given by the delegate. Please take this into consideration when writing your order. If you have any questions in this regard, please call the school nurse listed below. Thank you.**

4. Dosage of medication \_\_\_\_\_
5. Route \_\_\_\_\_
6. Time to be given \_\_\_\_\_
7. Special instructions \_\_\_\_\_
8. Side effects \_\_\_\_\_
9. Signature of physician \_\_\_\_\_
10. Physician (Please print, type or stamp) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax No. \_\_\_\_\_

Date \_\_\_\_\_

Please submit this information as soon as possible, so that the proper schedule can be maintained. If there is any change during the course of this prescribed medication, please notify the school nurse in writing.

Very truly yours,

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Parent's Signature

School \_\_\_\_\_

\_\_\_\_\_  
Date

Phone No. \_\_\_\_\_