

Hardyston School District

50 Route 23

Franklin, NJ 07416

(973) 823-7000 x8220 FAX (973) 827-6845

www.htps.org

MEDICATION REQUEST FORM

OVER THE COUNTER (OTC) or Non-Prescription Medication

School personnel and the school district are not responsible for any ill effects which might occur from your child taking this medication. Persons who may assist your child with medications include the school nurse (RN) or substitute nurse (RN). Parent/guardian must give a written request. The medication must be brought in by the parent/guardian, be in the original container, and properly labeled with the student's first and last name.

OVER THE COUNTER MEDICATIONS NEEDED FOR LONGER THAN TWO CONSECUTIVE WEEKS MUST HAVE REVIEW AND APPROVAL OF THE SCHOOL NURSE AND MAY REQUIRE A PHYSICIAN'S ORDER.

NAME OF STUDENT: _____ DOB: _____

TEACHER: _____ GRADE: _____

NAME OF MEDICATION: _____

DOSAGE: (amount) _____

TIME TO BE GIVEN AT SCHOOL: _____

REASON OR HEALTH PROBLEM: _____

MEDICATION TO BE GIVEN FROM: _____ TO: _____

PARENT'S/GUARDIAN SIGNATURE

DAYTIME PHONE

PHYSICIAN'S NAME

PHYSICIAN'S PHONE

Reviewed by RN: _____