

Robbinsville Public Schools
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Health Services Department
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REQUEST FOR MEDICATION ORDER SHEET

Student Name _____ Grade/Teacher _____

The school nurse cannot dispense medication to your son/daughter during school hours unless the physician completes the order in section one below. After the physician completes section one, the parent/guardian must place their signature in section two along with the date.

Administration of medication in school should be avoided whenever possible. However, when a student's attendance is contingent upon the receipt of medication during school hours, a physician may request it be given by the school nurse.

The medication must be brought into school by the parent/guardian of the student in the original pharmacy container, labeled according to standards along with this medication order sheet. A Request For Medication Order Sheet is required for each medication. You can download the Request For Medication Order Sheet online at the school website at www.wtpsmrcer.k12.nj.us

Section One (to be completed by physician)

I request that the above named student _____ be administered medication as prescribed by me:

Diagnosis: _____

Name of Medication _____

Route: _____

Dosage: _____

How Often : _____

Specific Time to be given: _____

Date to begin: _____

Date to end: _____

Side effects: _____

Name of physician (print): _____

Signature of physician: _____

Telephone number of physician: _____

Section Two (to be completed by parent/guardian)

I request that the certified school nurse administer the above medication to the students as prescribed. I shall deliver the medication to the school nurse in the original container, labeled by the pharmacy or physician.

Date: _____ Signature of Parent: _____