



HAMILTON TOWNSHIP PUBLIC SCHOOLS

PERMISSION TO ADMINISTER MEDICATION

Dear Parent/Guardian and Doctor:

It is preferred that any medication, whether prescription or non-prescription, be given before or after school hours whenever possible. However, if it is essential that the student receive the medication during school hours we will need you to provide the following information. Please note that there is a section to be completed by the physician on the front and a section to be completed by the parent/guardian on the reverse side. This form is valid for the current school year only.

TO BE COMPLETED BY PHYSICIAN

Students Name: _____

Medical Diagnosis: _____

Name of medication: _____

Dosage: _____ Route: _____

Time: _____ Frequency: _____

Side effects: _____

Duration of order: _____

List other medications child is on which may enhance, alter or impact this medication: _____

For Non-Emergency Medications: (i.e. Tylenol, Ritalin, Adderall, etc.)

*May withhold dose for field trips (School nurses are not always in attendance on field trips to administer medications and teachers are not permitted to administer medication)	Yes	No
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For Emergency Medications: (i.e. Inhalers, epi-pens, etc.)

*May given inhaler/nebulizer before gym/exercise	Yes	No
*May repeat asthma medication after activity involving exercise	Yes	No
*Physical activities restricted	Yes	No
*May self-administer for asthma or another potentially life-threatening illness under adult supervision	Yes	No
*Is capable of and has been instructed in the proper method of self-administering of medication for a life threatening illness	Yes	No

Comments: _____

Signature Date _____ Physician/Health Care Provider's

Physician/Health Care Provider's Printed Name

Phone Number



All Children Can Learn! All Children Can Succeed!