

Franklin Borough School
Health Office
50 Washington Ave.
Franklin, NJ 07416
973-827-9775 ext. 219
Fax 973-827-6522

Date: _____

Dear Parent/Guardian,

If your child needs medication at school:

Medications prescribed by a licensed physician may be given at the written request of a parent or guardian. The parent or guardian must bring the labeled medication in its original container to the school nurse. During school, such medication can only be administered by the school nurse or parent.

Over the counter medications, such as aspirin, Tylenol, cough remedies (including cough drops) and antihistamines may be administered by the nurse with specific written instruction from the parent or guardian and the student's physician or dentist. The unopened medicine container must accompany this written consent.

Therefore, if a child needs to receive medication at school:

- The parent/guardian must sign the consent form below
- The child's physician must also sign this same form
- A parent/guardian must deliver the medication to the school nurse.
- Please do not send medication to school with your child.

My child _____ may receive

(Medication, dosage, side effects, and interval to be given)

for _____.

I understand that my signature releases Franklin Borough School personnel from liability should a reaction result from the medication.

(Parent/guardian signature)

(Date)

(Physician Signature)

(Date)

Please return this form to the School Nurse