

**Carteret Public Schools**  
**Private Nicholas Minue School**  
85 Post Blvd.  
Carteret, NJ 07008

**ADMINISTRATION OF MEDICATION**

Dear Parent/Guardian:

Administration policy of the Carteret Public Schools requires the school nurse to have written permission from you and the attending physician. Medication administration by the school nurse should be done only in exceptional circumstances wherein the child's health may be jeopardized without it. Parent or designated adult must bring medication to school. Students are not permitted to bring medication (prescription or over-the-counter) to school. The school appreciates your cooperation in this matter.

Sincerely,  
School Nurse

As the parent /Guardian of \_\_\_\_\_, Gr. \_\_\_\_\_  
Last NameFirst Name

Homeroom \_\_\_\_\_, Cell/Home Number \_\_\_\_\_, Work Number \_\_\_\_\_

I request that the below medication, as prescribed, be administered to my child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please have your doctor fill in the information requested on the form below. This form must be returned to the school nurse with a supply of the **medication in the original, appropriately labeled pharmacy container** by the parent/guardian. Parent/Guardian or designated adult must bring medication to school. Students are not permitted to bring medication (prescription or over-the-counter) to school. The school appreciates your cooperation in this matter.

**Physician's Section**

Diagnosis for which medication is given \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

Contraindications: \_\_\_\_\_ Side Effects: \_\_\_\_\_

Other information: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Tel. # \_\_\_\_\_