



**PERMISSION TO ADMINISTER MEDICATION/TREATMENT
For The 2025/2026 School Year**

I give permission for my child _____ to be administered the listed medications/treatments as ordered by my child's physician.

Parent/Guardian Signature: _____ Date: _____
(Please have your child's physician complete the below information and return to the school nurse)

1) Medication/Treatment: _____
Dosage/Route: _____
Time: _____ For how long: _____
Purpose: _____
Side Effects: _____

2) Medication/Treatment: _____
Dosage/Route: _____
Time: _____ For how long: _____
Purpose: _____
Side Effects: _____

3) Medication/Treatment: _____
Dosage/Route: _____
Time: _____ For how long: _____
Purpose: _____
Side Effects: _____

On days when a field trip is scheduled:

1. Medications may be waived Yes/No
 2. Medication may be given when a student returns to school Yes/No
 3. Dosage time can be adjusted Yes/No
- Please specify: _____

Physician's Name and Signature: _____

Address: _____ **Telephone:** _____

08/2025

**PERMISSION TO ADMINISTER MEDICATION/TREATMENT
2025/2026 School Year**

Dear Parent/Guardian,

If your child is prescribed a medication or a treatment (i.e. G Tube Feeding or Nebulizer Treatment) that must be provided in school by the school nurse, you must complete and sign the attached form and return to the school nurse. Please take the time to carefully read the information below. It is very important that you comply with the following request.

In order for the School Nurse to administer your child medications/treatments, you **MUST** provide a written order from the doctor. The written order must clearly state the medication, dosage, dosage time and how long the medication is to be given, (i.e. 9/03/2025 – 06/30/2026) or for the duration of the 2025/2026 School Year. **No medication or treatment will be given without a new doctor's order for the 2025/2026 School Year.** Doctor's orders may be faxed (Attention School Nurse) to a secured line at 609-846-1704 or sent in with the student.

All medications must be in the original container with your child's name, medication, dosage, etc. The school nurse cannot accept any medications with another name on the bottle or medications in baggies, plastic wrap, etc.

Please provide the school nurse with pudding or applesauce if your child is unable to swallow medications with water.

VERY IMPORTANT!

If there are any changes regarding your child's medication/treatment please *call* the school nurse at the extension noted below. Please do not write a note or call the teacher, the main office. We would like to avoid any miscommunications especially if your child is scheduled for an early morning medication!

Thank you in advance for your cooperation. If you have any questions, please call the school nurse.

Sincerely,

Nursing Dept.

<https://www.mmace.com/nurse>
(609) 522-1454 x 617