



Public Schools of Plainfield New Jersey

September 1, 2022-August 30, 2023

PHYSICIAN REQUEST FOR ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

Student's Name _____ Date of Birth _____

For health maintenance and to assist _____ maintain optimal school performance, it is necessary for certain medication(s) to be given during school hours. This medicine will be given in accordance with Plainfield Public School District Policy # 5141.21 and 5141.22. The ordering physician or advance practice nurse must complete this form for each medication ordered.

Medication _____ Dosage _____

Time(s) of Administration _____

Diagnosis _____

Allergies _____

Side Effects _____

Medication order for class trips: (Physician please initial if applicable or indicate not applicable and initial)

_____ dose may be omitted

_____ adjusted

The parent/guardian is aware of this request and is full agreement that the medication will be supplied in the original package. Any prescribed medications must be in the original package with the pharmacy label intact and legible.

Physician's Stamp Below

Physician Signature _____

Telephone Number _____ Date _____

Parent/ Guardian signing this form agrees to allow the school nurse to administer the prescribed medication ordered by their physician.

Parent/Guardian Signature _____ Telephone Number _____