EWING PUBLIC SCHOOLS Nurse Administered Medication

Dear Parent/Guardian,

If it is necessary for your child to take any medication at school during school hours, would you and your child's medical doctor kindly fill out the information below. Whenever possible, the taking of medication should be timed so that the medication is taken at home before and /or after school hours.

		School Nurse		
school hou Ewing Boa reactions r	ereby request permission for my child School to be given prescription med irs, and in doing so, release the Ewing School rd of Education of any and all responsibility for my child may incur as a result of taking said r ng instructions from my child's physician.	ication at sch nurses, phys or any and all	ool, during sicians, and the untoward	
Γο be fille	ed in and signed by physician:			
1.	Diagnosis			
2.	Medication			
3.	Dosage			
4.	Side effects of medication			
5.	Time during school hours			
6.	Beginning date is			
7.	Last day is			
8.	On days when field trips are taken:			
	Medication may be waived	yes	no	
	Medication may be given when child returns to school yesno			
	Dosage can be adjusted (specify)	yes	no	
 Date		Physician Signature		
		Printed Nan	 ne	

To be filled in by parent:	
I shall send the appropriate amount of medicathe school nurse.	ation in the original container to
	Parent Signature
Approved by Medical Inspector Ewing Public Schools	