WALL TOWNSHIP PUBLIC SCHOOLS
Office of the Superintendent of Schools
P.O. Box 1199 • 18th Avenue
Wall, NJ 07719

Dr. Tracy Handerhan
Superintendent of Schools

Dear Parent/Guardian

Board of Education policy states:

"Medication will be given to students by the school nurse only in cases that may become emergencies following a written request from the family physician and approval of the district medical physician.

Specific medications may be prescribed for pupils with certain health problems (such as asthma, diabetes, epilepsy, allergy to insect bites, etc.) in order to prevent life threatening conditions.

All medications must be in an original labeled container. Prescribed and over-the-counter medications all require a written doctor's order."

Please comply with the Board of Education policy:

Do not send any medication in your child's lunchbox or backpack. This includes prescription or over-the-counter medicine, herbal preparations, and vitamins. **Children are not permitted to self-administer any medication in school. (Students needing life-saving medication are an exception to this rule, but must have proper documentation from their physician on file in the Health Office.)**

Please ask your family doctor to schedule your child's medication so that it does not include school hours. Permission will be granted for a parent to come to school and administer medication, if it is imperative to the child's health and approved by the district medical physician.

Please do not forward the completed form to the Superintendent's Office. ***Please forward completed form directly to your building school nurse***. If you have any questions, please call your building school nurse.
Thank you for your cooperation.
Tracy Handerhan
Superintendent

Name of Student _____ **Date**_____

Name of School_____ **School Fax No.**_____

Diagnosis or Condition_____

_____

Name of Medication _____

Instructions Regarding the Administration of Medication: _____

_____

Signature of Physician: _____**Phone:** _____

Physician Stamp or Certification: _____

(*Form is Invalid without Physician Stamp/Certification)*

_____ **(*Parent/Guardian Signature)***