

St. Veronica School
4219 Route 9 North
Howell, NJ 07731
(732) 364-4130
MEDICATION ORDER SHEET

Date: _____

Dear _____,

Your request for your child _____ to have medicine administered during school hours has been received.

School regulations do not normally allow our nurse to dispense medicine, including aspirin.

Should your child be under medication which must be given during school hours, you must present a note from your personal physician, stating what is given, dosage and the length of time your child will be on medication. Any changes in these directions must be verified by a call to the school as well as a written note.

Any particularly dangerous conditions being experienced by a child on medication should be spelled out in detail with procedure to follow should reaction occur.

Medicines should be properly labeled, in the original container, with the child's name, dosage, etc. on the pharmacist's label.

Date: _____

To Parent:

Please have your Doctor fill out the form below, and sign and return to the Nurse.
Form to be filed in child's Health record.

To: Sister Cherree Ann Power, Principal

Diagnosis _____

Medication _____

Dosage _____

Length of time on medication _____

Special conditions to observe _____

Is child on any other medication? If yes, please list:

Physician's Signature: _____

Parent's Signature: _____

