

# Runnemedede Public School District

Aline Bingham School  
856-939-3192

Grace Downing School  
856-939-4036

Mary E. Volz School  
856-931-5353

## MEDICATION DISPENSING FORM

### Medication brought to school must be in a labeled prescription bottle.

*The dispensing of medication in the school setting is discouraged. Exceptions to this philosophy would include students with a chronic illness, specific disability, or special needs that would require medication to be administered during the school day to avoid the student's absence from school.*

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Prescription: \_\_\_\_\_ Non-Prescription: \_\_\_\_\_

Dosage & Schedule: (during school) \_\_\_\_\_

Route of Administration: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Effective Dates: \_\_\_\_\_ to \_\_\_\_\_

It is my understanding that the School Nurses of the Runnemedede School District charged with the administration of medication may rely upon my directions as contained in this document. I further certify that I am the physician who prescribed the medication and that the student named above is under my supervision as a patient for diagnosis and treatment. Any alteration to the above will occur only with written directions from the attending physician. State law and school board policy prohibits the self-administration of medication during field trips. In light of this, please indicate whether the above named student **may** or **may not** have his or her daily medications suspended for a school field trip.

(Please indicate with a check mark)      MAY \_\_\_\_\_ or MAY NOT \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

As a parent/guardian of the above-named child, I hereby request the administration of the medication described above to my child and release the Runnemedede School District and its employees from liability for damages my child may suffer as a result of this request.

Signature: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_

I give my child permission to attend school field trips **without** taking his/her required daily medication if so indicated by the physician.

Signature: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_