

**Mansfield Township Elementary School
Medication Order**

Mansfield Twp. Board of Education Policy permits the administration of medication to a student during school hours only when the student's physician/dentist certifies in writing that the administration of medication during the school hours is essential to the health of the student. The parent/guardian must also provide a written request for the administration of the medication at school. Please be advised that a student with asthma may carry his/her inhaler with him/her if the doctor deems necessary with appropriate documentation.

TO BE COMPLETED IN FULL BY THE STUDENT'S PHYSICIAN OR DENTIST

I certify that it is essential to the health of _____, that the following medication be administered during the school hours as directed. He/She is physically fit to attend school and is free of contagious disease.

DIAGNOSIS: _____

NAME OF MEDICATION: _____

DOSAGE: _____

MODE OF ADMINISTRATION: _____

TIME OF ADMINISTRATION: _____

FREQUENCY OF ADMINISTRATION: _____

SIDE EFFECTS, IF ANY: _____

LENGTH OF TIME THE ORDER IS VALID: _____
(not to exceed one year)

Date

Signature of Physician/Dentist

Telephone Number

Physician/Dentist Stamp

MEDICATION ORDER FOR CLASS TRIPS

____ DOSE MAY BE SKIPPED _____ SCHEDULE MAY BE ADJUSTED
(SPECIFY HOW)

MEDICATION ORDER FOR EARLY DISMISSAL

____ OMIT AFTERNOON DOSE _____ MAINTAIN ORIGINAL ORDER

Date: _____ Physician Signature: _____

I hereby give permission to my child to receive the above ordered medication during school hours. I understand it is my responsibility to be sure the medication is refilled as needed

Signature of Parent/Guardian: _____