

TOWNSHIP OF FRANKLIN RECREATION
Medication Dispense Form

The NJ Department of Education, Office of Educational Support Services, recommends that **ALL MEDICATION** (both prescription and over the counter OTC) must be accompanied by written permission from **BOTH** the **PARENT** and **PHYSICIAN**. The Township of Franklin follows the recommendation that permission is required from **BOTH PARENT AND PHYSICIAN** for administration of any medication. In order for a program participant to receive any medicine including Tylenol, Advil or Motrin, the Township Recreation Department needs written permission from both the parent and the physician.

Prescription medication must be brought to the Township sponsored event by the parent, unless other arrangements have been made with the Township. It must be in the original prescription container, labeled with the name of the student, medication, dosage and name of the physician.

All prescription and specific non-prescription medications (i.e. Zyrtec, Claritan, Excedrin, Aleve, etc.) should be provided by the parent/guardian with a written permission of the child's physician and parent/guardian including the child's name, purpose of the medication, the time at which (or the circumstances under which) the medication shall be administered, and the length of time for which the medication is prescribed.

Only those medications which are medically necessary during recreation program hours for a child's well being should be sent to the Recreation Department.

NAME OF STUDENT _____ D/O/B/ _____

NAME OF MEDICATION _____

DOSAGE _____

TIME TO BE GIVEN _____

REASON FOR MEDICATION _____

MEDICATION TO BE GIVEN FROM _____ TO _____
Date Date

HOW IT IS TAKEN _____
Example: by mouth, inhaler, with food, crushed, etc.

ADDITIONAL COMMENTS: _____

PARENT SIGNATURE

PHYSICIAN SIGNATURE

TELEPHONE #

TELEPHONE #

*** DUPLICATE PAGE FOR ANY ADDITIONAL MEDICATIONS