

**RUMSON BOARD OF EDUCATION**  
Office of the Superintendent

Dear Parent.

In accordance with the New Jersey Department of Education Guidelines for School Health and the Rumson Board of Education Policy on Administering Medications (Policy #5141.21)

“No Prescription or over the counter medication will be administered without a written order from the student’s physician or licensed prescriber and without a written request by parent or guardian for administration”

All medications must be sent to the school in the original container accompanied by the physician’s written request. This form will remain on file for the current school year.

Sincerely,

Roger Caruba  
Superintendent of Schools

---

RETURN TO SCHOOL NURSE:

NAME OF STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_

DOSE/ROUTE/FREQUENCY: \_\_\_\_\_

INSTRUCTIONS REGARDING ADMINISTRATION: \_\_\_\_\_

---

PHYSICIAN/HEALTH PRACTITIONER SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_