

WINSLOW TOWNSHIP SCHOOL DISTRICT

PHYSICIAN'S REQUEST TO SCHOOL NURSE FOR ADMINISTRATION OF MEDICATION AT SCHOOL.

Students name: \_\_\_\_\_ Date: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time: \_\_\_\_\_ Route: \_\_\_\_\_

For period from: \_\_\_\_\_ to: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

May be excused from school-time dose on field trip. \_\_\_\_\_ yes \_\_\_\_\_ no

In the event parent/guardian would occasionally miss giving the AM dose at home the school nurse is granted permission to administer the above named medication as prescribed below upon the students arrival to school and with parent consent.

no \_\_\_\_\_ yes \_\_\_\_\_ dosage \_\_\_\_\_

Signature of physician \_\_\_\_\_

Name of physician (print or type) \_\_\_\_\_

Address of physician \_\_\_\_\_

Phone Number \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

PARENTS REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL

I request that my child \_\_\_\_\_ receive  
\_\_\_\_\_ prescribed by \_\_\_\_\_

The medication will be furnished by me in the properly labeled original container from the pharmacy (child's name, name of medication, amount to be given, time of day to be taken and physicians's name). I understand the school nurse will administer the medication.

In the event of an occasional missed morning dose the school nurse has my permission to administer the above named medication as prescribed by my physician. I understand it will be necessary for the school nurse and I to confer via phone or in person on the day in question in order for medicine to be given.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Home phone no. \_\_\_\_\_ Work phone no. \_\_\_\_\_

School # \_\_\_\_\_ Grade \_\_\_\_\_ Room # \_\_\_\_\_

WINSLOW TOWNSHIP SCHOOL DISTRICT

Dear Parents/Guardians,

Should it become necessary for your child to take medication during school hours, we will be more than happy to cooperate. However, it is important to inform you of the New Jersey State Law regarding administration of medication in the schools. (NJ Annotated 45:11-23). Nurses will be required to have a written order from a licensed physician or dentist before administering ALL OVER THE COUNTER MEDICATIONS as well as prescribed medications. The certified school nurse or parent/guardian is the only person permitted to administer medication in the schools. This includes Tylenol and cough syrup. Administration of all prescription medications and over the counter medications must follow the school policy, Adminstrating Medication (Policy 5141.21).

Before any medications may be administered to any pupil during school hours the Policy requires the following documents be kept on file in the office of the School Nurse:

1. The written order of the prescribing physician which shall include:
  - a. the purpose of the medication
  - b. the dosage amount
  - c. the time the medication should be administered and/or any special circumstances
  - d. the length of time for which medication is prescribed
  - e. the possible side effects of the medication.
2. The written request of the parent/guardian which shall give permission for such administration and relieve the School Board and its employees of liability for administration of the medication.

The school medical inspector has developed procedures for the administration of medication which provide that:

1. All medication shall be brought to school by the parent/guardian and shall be picked up by the parent/guardian at the end of the school year or the end of the period of medication, whichever is earlier.
2. All medication must be brought to school in the original prescription and/or non-prescription bottle within appropriate recent date. The name of the child receiving medication must be on the prescription.
3. All medications, whether prescribed or across the counter, shall be administered by the school nurse.
4. The school nurse shall maintain a record of the name of the pupil to whom medication may be administered, the prescribing physician, the dosage and timing of medication and a notation of each instance of administration.
5. Medications shall be securely stored and kept in the original labeled container.
6. If medication is brought to school without following the above regulations the nurse will not be responsible for administering the medication. Parent/guardian will be notified via phone when possible.

NO MEDICATION may remain in any desk, pocket, lunchbox, bookbag, handbag, etc.