

Mount Olive Township School District

227 US Highway 206 Suite 10 Flanders, NJ 07836

973-691-4000

Dear Parents/Guardians:

MEDICATIONS: IN SCHOOL
(Guidelines set by the State Department of Education)
As per NJAC 6A:16-2.1

“The administration of medication in school should be avoided whenever possible as this is not normally a function of education.”

It is school policy not to allow children to have medications in the classroom. If needed on school time, medications will be kept in the nurse’s office and dispensed by her at the proper time. In addition:

FOR ALL MEDICATIONS:

- **The Parent/Guardian must provide a written request for the administration of medication. This note must include:**

Name of medication

Dosage and time it is to be given

- We must also have a written order from your doctor for any medications that must be taken on school time. These medication authorization forms can be obtained from the nurse’s office.
- All medications must be in the **ORIGINAL PHARMACY CONTAINER** properly labeled for the student. Ask your pharmacist for the medication to be divided into two bottles completely labeled-one for home and one for school. Do not send medications in baggies, tissues, envelopes, etc., as it is against the law to dispense unlabeled medication.
- Students **are not** allowed to carry medications on the bus or into school. An adult must drop off the medication in the Main Office or in the Health Office.

Thank you in advance for your cooperation. If you have any questions, please call us at At your child’s school.

See Reverse Side

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PHYSICIAN ORDERS FOR MEDICATION TO BE GIVEN AT SCHOOL

Student's Name _____ Date _____

Student's Address _____

Telephone Number _____ Grade _____

TO BE COMPLETED BY PHYSICIAN/PRACTITIONER – PLEASE BE SPECIFIC

DIAGNOSIS: _____

MEDICATION: _____ **DOSAGE** _____ **FREQUENCY** _____

MEDICATION: _____ **DOSAGE** _____ **FREQUENCY** _____

MEDICATION: _____ **DOSAGE** _____ **FREQUENCY** _____

- May child skip medication during field trips? Yes ___ No ___
- Must medication be given on school half-days? Yes ___ No ___

IF MEDICATION IS AN INHALER, EPIPEN, AND/OR INSULIN PEN OR PUMP - PLEASE REFER TO SELF-ADMINISTRATION FORM.

PARENT/GUARDIAN SIGNATURE _____

PHYSICIAN/PRACTITIONER SIGNATURE

Please print or stamp the following:

PHYSICIAN/PRACTITIONER

NAME / ADDRESS _____

PHYSICIAN/PRACTITIONER PHONE _____