

## South River Public Schools

Nursing Department

3 Montgomery Street

South River, NJ 08882

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### **Administration of Medication Information**

The South River Board of Education Policy regarding MEDICATIONS TAKEN AT SCHOOL is provided below for your information. Please read it carefully for your own reference since there may be times when it is necessary for your child to receive medicine during the school hours.

*Please note that a doctor's note is required for any medication whether prescribed or over the counter (OTC). This includes cough drops, cough syrup, Tylenol, eye drops and nasal sprays. This is necessary because an adverse or allergic reaction to any drug is always a possibility.*

### **South River Public Schools Administration of Medication**

#### PARENTAL REQUEST FOR ADMINISTRATION OF MEDICATIONS DURING SCHOOL HOURS

**All medications must be brought by an adult to the Nurse's Office, whether "over-the-counter" (non-prescription) or those prescribed by a physician. All medications must be in the original container.**

Parent/Guardian must provide a written order from the prescribing physician which shall include:

- A. The purpose of the medication
- B. The dosage
- C. The time at which, or the circumstances under which the medication shall be administered
- D. The length of time for which the medication is prescribed
- E. The possible side effects of the medication

**Parental written permission** for the school nurse to administer such medication is also required. This parental written permission shall give permission for the administration of such medication and relieve the Board of Education and its employees of liability for administration of medication.

**Please note that a physician's approval is required for BOTH prescribed and over-the-counter medications.**

South River Public Schools

Office of the School Nurse

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**Administration of Medication in School Compliance Form**

**TO BE COMPLETED BY THE PARENT/GUARDIAN: (Please Print)**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I request that the school nurse administer \_\_\_\_\_ (specify medication) to my child. I also relieve the South River Board of Ed and its employees of any liability for the administration of this medication.

\_\_\_\_\_  
Parent/Guardian Signature Date

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**TO BE COMPLETED BY PHYSICIAN: (Please Print)**

I am prescribing the above named student be administered the following medication:

1. Name of medication: \_\_\_\_\_

2. Diagnosis for which medication is prescribed: \_\_\_\_\_

3. Prescribed Dosage and time to be taken: \_\_\_\_\_

4. Possible side effects and/or special precautions to be taken: \_\_\_\_\_  
\_\_\_\_\_

5. Length of time this medication is to be taken: \_\_\_\_\_

\_\_\_\_\_  
Physician's Name (Printed)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Phone Number

\_\_\_\_\_  
Date