



Learning community Charter School  
**Medication Protocols During School Hours**

PLEASE SAVE TOP PORTION FOR FUTURE REFERENCE

In accordance with the State of New Jersey education statutes, LCCS maintains the following protocols regarding medication at school:

- **MOST MEDICATION DURING SCHOOL REQUIRES A DOCTOR’S NOTE.**  
Sometimes referred to as “doctor’s order” this is legal requirement
- **FOR ANY STUDENT HEALTH MATTER, PARENTS SHOULD CALL OR EMAIL THE SCHOOL NURSE.**  
The school Nurse is the person who will be caring for your children medically and informing Staff of any accommodation for your child’s or care in routine for any medical reason (ex: no P.E. class due to orthopedic injury).  
**Email: [jcarrillo@lccsnj.org](mailto:jcarrillo@lccsnj.org) Phone: (201) 332-0900 Ext: 4 Fax: (201) 332-4981**
- **By law, teachers cannot administer medication.** They send all ill/injured students to the school Health Office. Teachers also forward all medical emails to the Nurse.
- **IF YOUR CHILD NEEDS MEDICATION AT SCHOOL:** Do not put your child or classmates at risk by sending medication to school with the student. Call/email the school Nurse and give the medication directly to your child’s teacher, the school Nurse or main Office Personnel.
- **IF YOUR CHILD HAS A CONDITION REQUIRING MEDICATION BE STORED AND GIVEN AT SCHOOL:** Please contact the school Nurse to create a school health care plan in accordance with you and your child’s Doctor.
- **It is the policy of LCCS to contact a parent when a child is ill, particularly if fever, vomiting or severe malaise (“feeling bad”) are happening.**

Cut here save top portion for your records and review

.....  
**2024/2025 SCHOOL YEAR TEAR OFF AND RETURN TO LCCS**

I have read the LCCS Medication Protocols. I authorize the LCCS School Nurses to dispense the following over-the-counter medications for minor discomforts.

**PLEASE CHECK ALL YOU APPROVE:**

Plain, non-medicated cough drops  Calamine/Caladryl lotion  Tylenol Age/Weight  
 Mild skin cleansers  Motrin/Advil Age/Weight  Eye drops  Antibiotic Cream

Parent’s name (print) \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Parent’s Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Learning Community Charter School, 2495 Kennedy Blvd, Jersey City, NJ 07304

O: 201 332-0900 F: (201) 332-4981

[lccsnj.org](http://lccsnj.org)



Learning Community Charter School, 2495 Kennedy Blvd, Jersey City, NJ 07304

O: 201 332-0900 F: (201) 332-4981

[lccsnj.org](http://lccsnj.org)