

## ESTELL MANOR SCHOOL DISTRICT

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### MEDICATION POLICY

The administration of medication by school personnel is discouraged by the NJ State Department of Education and is not normally a function of education. Some children with chronic diseases, however, may require medication during the course of the school day. With consent regarding your student's medication, you agree to the following. School Policy 5330 Administering Medication • Regulation

The following are required for the school nurse to give medications:

1. The parent or guardian must provide a written request for the administration of the prescribed medication at school. Medications that cause drowsiness should NOT be given before or during school hours.
2. Written orders are to be provided to the school nurse from the private physician, detailing the diagnosis or type of illness involved, the name of the drug, dosage, time of administration, length of time, and possible side effects.
3. The medication shall be brought to the school nurse directly by a parent or guardian.
4. The medicine shall be brought to school in the ORIGINAL container, appropriately labeled by the pharmacy. No loose medication will be administered. Check for expiration date as it is the responsibility of the parent/guardian to make sure the school does not receive expired medication. Refill medication in a timely manner.
5. The school nurse will maintain a secure, locked space for safe storage of medications at all times.
6. The school nurse will maintain the records for documentation for administering medication to students.
7. A copy of this regulation will be provided to parents upon request for the administration of medication in the schools. Please see the school policy on medication.
8. The school nurse shall maintain a system by which parents are informed of their obligation to retrieve unused medication. If unused medication is not retrieved within two (2) weeks of notice, the nurse shall dispose of the medication in accordance with proper medical control

In accordance with NJ State Law, a student may be granted permission to self-administer a medication for asthma or other potentially life-threatening illnesses.

**ALL MEDICATIONS MUST BE PICKED UP BY THE PARENT ON THE LAST DAY OF SCHOOL.  
ANY MEDICATION LEFT WILL BE DISPOSED OF AT THE END OF THE LAST DAY.**

**Complete 2 SIDES**

School Year \_\_\_\_\_

Grade \_\_\_\_\_

Date: \_\_\_\_\_

To Whom It May Concern: I request that the school nurse administer \_\_\_\_\_  
to my child: \_\_\_\_\_ during school hours as prescribed by the  
physician.

Medications may not be carried by students (see self-carry orders for emergency medications)

- 1. Please administer medications on schedule, even on early dismissal day. \_\_\_ Yes \_\_\_ No
- 2. I authorize sharing information, verbally and /or in writing, related to my child's health between the school nurse (or designee) and the healthcare provider listed below.
- 3. I authorize the school nurse (or designee) and school staff to share information, verbally and/or in writing, related to my child's health.
- 4. The school nurse shall maintain a system by which parents are informed of their obligation to retrieve unused medication. If unused medication is not retrieved within two (2) weeks of notice, the nurse shall dispose of the medication in accordance with proper medical control. Last day of school all medication is disposed of by the school nurse if not picked up by the time of student dismissal.
- 5. I am aware that a parent/guardian must bring the medication to the school nurse in its original, labeled container. See School policy 5330

If Self Carry (only for emergency medications), SEE Policy and sign other forms \_\_\_\_\_

**Any known allergies** \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

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

Emergency name/phone number \_\_\_\_\_

**Physician Completes:** Authorization is hereby given for medication to be administered in school to:

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

Diagnosis: \_\_\_\_\_

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

Dosage and frequency: \_\_\_\_\_

Duration prescribed \_\_\_\_\_ School Year \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Other medications taken by students that might interfere with the effects of the ordered medication: \_\_\_\_\_

Student needs to take medication while attending field trips: \_\_\_ Yes \_\_\_ No

Name Physician (print) \_\_\_\_\_

Signature of Healthcare Provider/ Phone #/ Date \_\_\_\_\_

## END-OF-YEAR MEDICATION REMINDER

School year \_\_\_\_\_

Please pick up any unused medication(s) that your child has in the school office by the last day of school. The school cannot store medication in the office over the summer, and unclaimed medications will be destroyed on the last day of school.

Remember, if your child needs any medication(s) during the school day, including all over-the-counter medications, such as Tylenol, Benadryl, and Advil, a medication authorization form must be completed and signed by both a physician and the parent/guardian. This goes for lozenges also, which can not be self-carried (potential choking hazard, PreK program).

These forms are available in the nurse's office. In addition, the medication must be brought to school in the original container, properly labeled with the student's name by an adult. Plastic baggies are not acceptable. If over-the-counter medications, once we have a doctor's orders, they must come in unopened.

Thank you for your cooperation in maintaining a safe environment for our students.

Per state regulations, any medication left on the last day of school is to be disposed of. This includes students who will return next year. A new physician's order and new medication(s) are to be brought into school at the beginning of each school year.

BOE policy code 5330, Administering Medication, can be found online at the Estell Manor webpage. The school nurse shall maintain a system by which parents are informed of their obligation to retrieve unused medication. If unused medication is not retrieved within two (2) weeks of notice, the nurse shall dispose of the medication in accordance with proper medical control. If you have any questions or concerns, please contact the school nurse or the school office.

Student's Name \_\_\_\_\_ GR \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_



# My Asthma Action Plan For Home and School

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Severity Classification:  Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent

Asthma Triggers (list): \_\_\_\_\_

Peak Flow Meter Personal Best: \_\_\_\_\_

## Green Zone: Doing Well

Symptoms: Breathing is good – No cough or wheeze – Can work and play – Sleeps well at night

Peak Flow Meter \_\_\_\_\_ (more than 80% of personal best)

Flu Vaccine—Date received: \_\_\_\_\_ Next flu vaccine due: \_\_\_\_\_ COVID19 vaccine—Date received: \_\_\_\_\_

Control Medicine(s)	Medicine	How much to take	When and how often to take it	Take at
_____	_____	_____	_____	<input type="checkbox"/> Home <input type="checkbox"/> School
_____	_____	_____	_____	<input type="checkbox"/> Home <input type="checkbox"/> School

Physical Activity  Use Albuterol/Levalbuterol \_\_\_\_\_ puffs, 15 minutes before activity  with all activity  when you feel you need it

## Yellow Zone: Caution

Symptoms: Some problems breathing – Cough, wheeze, or tight chest – Problems working or playing – Wake at night

Peak Flow Meter \_\_\_\_\_ to \_\_\_\_\_ (between 50% and 79% of personal best)

Quick-relief Medicine(s)  Albuterol/Levalbuterol \_\_\_\_\_ puffs, every 20 minutes for up to 4 hours as needed

Control Medicine(s)  Continue Green Zone medicines

Add \_\_\_\_\_  Change to \_\_\_\_\_

You should feel better within 20-60 minutes of the quick-relief treatment. If you are getting worse or are in the Yellow Zone for more than 24 hours, THEN follow the instructions in the RED ZONE and call the doctor right away!

## Red Zone: Get Help Now!

Symptoms: Lots of problems breathing – Cannot work or play – Getting worse instead of better – Medicine is not helping

Peak Flow Meter \_\_\_\_\_ (less than 50% of personal best)

Take Quick-relief Medicine NOW!  Albuterol/Levalbuterol \_\_\_\_\_ puffs, \_\_\_\_\_ (how frequently)

Call 911 immediately if the following danger signs are present:

- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue
- Still in the red zone after 15 minutes

**School Staff:** Follow the Yellow and Red Zone instructions for the quick-relief medicines according to asthma symptoms. The only control medicines to be administered in the school are those listed in the Green Zone with a check mark next to "Take at School".

Both the Healthcare Provider and the Parent/Guardian feel that the child has demonstrated the skills to carry and self-administer their quick-relief inhaler, including when to tell an adult if symptoms do not improve after taking the medicine.

### Healthcare Provider

Name \_\_\_\_\_ Date \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Signature \_\_\_\_\_

### Parent/Guardian

I give permission for the medicines listed in the action plan to be administered in school by the nurse or other school staff as appropriate.

I consent to communication between the prescribing health care provider or clinic, the school nurse, the school medical advisor and school-based health clinic providers necessary for asthma management and administration of this medicine.

Name \_\_\_\_\_ Date \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Signature \_\_\_\_\_

### School Nurse

The student has demonstrated the skills to carry and self-administer their quick-relief inhaler, including when to tell an adult if symptoms do not improve after taking the medicine.

Name \_\_\_\_\_ Date \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Signature \_\_\_\_\_

# How to Use a Metered-Dose Inhaler with a Valved Holding Chamber (Spacer)

**Prime a brand-new inhaler:** Before using it for the first time, if you have not used it for more than 7 days, or if it has been dropped.



1. Shake inhaler 10 seconds.



2. Take the cap off the inhaler and valved holding chamber. Make sure the mouthpiece and valved holding chamber are clean and there is nothing inside the mouthpieces.



3. Put inhaler into the chamber/spacer.



4. Breathe out away from the device.



5. Put chamber mouthpiece in mouth.



6. Press inhaler once and breathe in deep and steadily.



7. Hold your breath for 10 seconds, then breathe out slowly.

If you need another puff of medicine, wait 1 minute and repeat steps 4-7.



8. Rinse with water and spit it out.

Proper inhalation technique is important when taking your asthma medicine(s) and monitoring your breathing. Make sure to bring all your medicines and devices to each visit with your primary care provider or pharmacist to check for correct use, or if you have trouble using them.

For more videos, handouts, tutorials and resources, visit [Lung.org](http://Lung.org).

Scan the QR Code to access How-To Videos



You can also connect with a respiratory therapist for one-on-one, free support from the American Lung Association's Lung HelpLine at **1-800-LUNGUSA**.