

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 _____