

Dear Parents and Guardians,

Please read our district's medication policies as these are the guidelines we must ask you to follow when medications need to be administered in school. If your child is taking medication at home it is important to let the school nurse know this in case your child experiences any side effects of the medication while attending school. Health records are maintained in the school health office for each student. Please inform the school nurse directly of any medical information regarding your child. Hospitalizations, surgical procedures, allergies, illnesses, immunization updates, and medication changes are examples of information that needs to be reported to the school nurse either by phone, a note, or an email.

Thank you for your cooperation in all areas that concern the health and well-being of the students at Rockaway Borough Schools.

Rockaway Borough Schools Medication Policy

If medication is necessary during school hours, it will be administered by the school nurse only after the following conditions are met:

1. A written order from the physician to the school indicating the reason for the medication, time (or circumstances) to be given, starting and finishing dates, amount to be given and the physician's name. **This includes ALL over-the-counter non-prescription medications such as Tylenol, Advil, Tums, etc.** Please understand **no exceptions** can be made to this policy. Medication permission forms are available from the school nurses and are also on the school website under the "forms" section.
2. **New Jersey law requires all students taking asthma medication in school to have an Asthma Action Plan, completed and signed by the student's physician and parent, on file.** Asthma Action Plan forms are available for download on the school website and from the school nurses.
3. Written permission from the parent, (complete and sign the parent section on the medication authorization form, Asthma Action Plan, Epinephrine Authorization form, or Seizure Action Plan).
4. Medication must be furnished by the parent **in the original pharmacy bottle**, with recent date and label with student's name, medication name, dosage, time to be given, and physician's name. **Over-the-counter/non-prescription medication must be in original container/original packaging. Unlabeled medication of any kind will not be accepted.**
5. Medication will be accepted from and given to a parent or legal guardian only. No child is to carry medication of any kind, (unless approved by his or her physician to self-carry/self-administer his or her asthma inhaler or epi-pen). This includes cough drops, Tylenol, etc.
6. Cough drops and sunscreen do not require a doctor's note, but a parent note is required. Cough drops and sunscreen must be brought into school in the original packaging by a parent or other responsible adult. Students may not share sunscreen with other students. Cough drops must be kept in the nurse's office; students are not permitted to keep cough drops or lozenges in their desks or in backpacks.
7. If your child takes a bus to afterschool care please understand medications cannot be sent from school on the bus with your child, (this includes cough drops). If your child needs to take medication both in school and at his or her afterschool care center, please make arrangements to have a supply of medications both in school and at your child's afterschool care center.
8. If your child attends the BoroKids onsite before/after school program, and will need to take medications before or after school hours, (such as inhalers or epipens), please make sure to make arrangements with BoroKids regarding your child's medication needs as medications in the school health office are only accessible between 8:15am and 3:25pm, and only when a nurse is present.

ROCKAWAY BOROUGH SCHOOL DISTRICT

Lincoln School – 37 Keller Avenue (973) 625-8602

Thomas Jefferson School – 95 East Main Street (973) 625-8603

REQUEST FOR MEDICATION TO BE ADMINISTERED BY THE SCHOOL NURSE
2025-2026 SCHOOL YEAR

PARENTAL REQUEST:

I, _____, the parent/guardian of _____, hereby request that the medication prescribed by my child’s physician be administered to my child by the school nurse at the prescribed time below. I understand that students are not permitted to carry medications of any kind into school, and agree to bring the medication to school myself, or send it in with another adult. I agree to bring a monthly supply of the medication to the school upon the approval of my request.

Signature of Parent/Guardian

Date

Address

Phone Number

PHYSICIAN’S STATEMENT:

In order to help _____, it is necessary for her/him to have the following medication during school hours.

MEDICATION:

DOSAGE:

TIME TO BE ADMINISTERED:

PURPOSE OF MEDICATION:

POSSIBLE SIDE EFFECTS:

DIAGNOSIS:

I hereby authorize the school nurse to administer the above medication.

Physician’s signature

Date

Physician’s Name

Address

Phone Number

FOR SELF-ADMINISTRATION ONLY

PLEASE CHECK IF APPLIES:

_____ This child has been instructed in the safe use of this medication and is capable of carrying and self-administering this medication.

Physician’s signature

Date