

ATTACHMENT TO ADMINISTRATION OF MEDICATION POLICY

Dear Parent/Guardian:

- 1) No medication, prescription or non-prescription (e.g. cough drops, aspirin, Tylenol, etc.) will be given to a student by the school nurse unless it is received in the original container and accompanied by a written physician and parental/guardian request.
- 2) All medications are to be held in the school nurse's office, with the parent/guardian assuming the responsibility for delivering such and picking up unused amounts when no longer needed.
- 3) Prescription medication must be in the original pharmacy-labeled container.
- 4) The school nurse is permitted to exchange information with the prescribing physician.
- 5) The school physician may be consulted by the school nurse whenever necessary to discuss medications being given to students, including long-term use and possible abuse of any over-the-counter medications.
- 6) If a student needs a nebulizer or an inhaler, the **Asthma Treatment Plan** needs to be completed.
- 7) The **Self Medication Permission Form** is to be used for **Epipens**.
- 8) Medication does not include Herbal Remedies . (N.J.A.C. 6A:16-1.3)

PERMISSION TO MEDICATE

Toms River Regional Schools require an authorization form signed by the physician and the parent/guardian of any student who must receive medication during school day/school activities.

Name of student: _____ Grade: _____

Name of medication: _____

Dosage and time to be taken: _____

Length of time medication will be required: _____

Any known medication allergies? _____

Date and signature of parent/guardian: _____

Date and signature of physician: _____ Physician's Stamp

THIS FORM MUST BE RETURNED TO THE SCHOOL NURSE

Administrative guideline as per Policy File Code 5141.21
Revised 5/2016
Reviewed 6/2018

