



Toms River Regional Schools

PRESCHOOL / ELEMENTARY ADMINISTRATION OF MEDICATION POLICY

- No medication, prescription or non-prescription (e.g. Tylenol, etc.), will be given to a student by the school nurse unless it is received in the original container and accompanied by this written physician and parent/guardian permission to medicate request.
- All medications are held in the school nurse’s office. **The parent/guardian assumes the responsibility for delivering and picking up medications. Medications are not to be transported in a student’s backpack.**
- Prescription medication must be in the **original pharmacy-labeled container**.
- Opportunities must be provided for parent/guardian, physician, and school nurse communications if needed. 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.
- If a student needs a nebulizer or inhaler, the Asthma Treatment Plan needs to be completed.
- Medication does not include Herbal Remedies. (N.J.A.C 6A:16-1.3)

PERMISSION TO MEDICATE IN SCHOOL

Toms River Regional Schools requires this authorization form to be signed by the physician and the parent/guardian of any student who must receive medication during the 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: _____

Signature of parent/guardian: _____ Date _____

Signature of physician: _____ Date _____

Physician’s Stamp:



Toms River Regional Schools

THIS FORM MUST BE RETURNED TO THE SCHOOL NURSE