



Toms River Regional Schools

ADMINISTRATION OF MEDICATION POLICY

Dear Parent/Guardian:

- No medication, prescription or non-prescription (e.g. Tylenol,), 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.**
- 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.
- The **Self Medication Permission Form** is to be used for **EpiPens**.
- **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:

THIS FORM MUST BE RETURNED TO THE SCHOOL NURSE