

Medication Administration Policy

If your child must take medication during school hours, this can be arranged with the school nurse. There are certain things you must do to facilitate such a request.

1. The **parent needs to fill out a form** requesting the nurse to administer the medication. (form available from nurse's office or website link)
2. The **doctor must write** an order to the school nurse giving permission to administer the drug. School nurses come under the rules of the New Jersey Nurse Practice Act that forbids dispensing medication without a physician's order. **This includes prescription and non-prescription drugs.**
3. The medication must be in its **pharmacy labeled container** with the student's name on it. (Ask your pharmacy to label 2 containers—one for home and one for school.) Non-prescription drugs must be in the original **labeled** container.
4. Medications must be brought to school by a **parent or other adult**, as students are not allowed to carry medications at school, or to and from school. (The only exceptions to this rule are for inhalers and Epi-Pens, if authorized by the student's doctor and parents.)
5. If the medication is to be given three times a day, it generally does not have to be administered during school hours, unless the doctor has specifically ordered it to be given at certain hours.

Thank you for your cooperation with the above policy and please call Mrs. Leonberg at 783-1140, x306 with questions about the above.

Gibbsboro School
37 Kirkwood Road
Gibbsboro, New Jersey 08026
856-783-1140 (phone) 856-783-9155 (fax)

Medication Administration
Physician's Order to School Nurse

Date _____

Name of Student _____

Grade _____

Medication _____

Administration Instructions _____

Reason for Medication _____

Side Effects of Medication _____

Physician's Name (printed) _____

Physician's Signature _____

Physician's Phone Number _____

Student may skip medication on class trip days with parent's permission: Yes ___ No ___

Parent Permission

I give permission to the school nurse to administer _____

(name of medication)

following _____ above instructions.

(physician's name)

Parent Signature

Medication must be in a pharmacy or original labeled container.