



Washington Township Schools

~ A Community of 21st-Century Learners ~

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Dear Parent or Guardian:

Whenever possible, medication for students should be administered by the parent/guardian at home. However, if your physician decides it is necessary for your child to receive medication during the school day, the specific directions for administration must be provided to the school. The school policy requires:

- The parent/guardian must bring the medication to the school in the original container with the current prescription label on the container which includes the child's name, medicine name, dosage, time administered, physician name, and date issued. Upon request your pharmacist will label an extra container to be used for school.
- Over the counter medications must be in the original container and may be administered only with a written statement from your physician.
- No staff member is permitted to change medication times at the request of parent or pupil. The child's physician is the only one who can make that change. **If there is flexibility in the time the medication can be administered so that a child may attend a field trip, this should be written into the child's prescription from the physician.**

Please have your child's physician complete the medication instruction form below, sign the parent's permission form, and return it to the school nurse along with the container of medication.

PARENT'S PERMISSION

I hereby give my permission for the school nurse to administer medication during the school day to my child, according to school policy. I understand that this releases the school from liability should a reaction or injury result from the medication. I indemnify and hold harmless the school district and its employees against any claims arising out of the medication, or lack thereof, of my child.

 Student's Name (Please Print) Parent's Signature Date

Child's grade _____ Teacher _____ Print Parent Name _____

PHYSICIAN'S INSTRUCTIONS FOR GIVING MEDICATION IN SCHOOL

Name of Student _____ Date of Birth _____

Diagnosis for which medication given _____

Name of medication(s) and dose 1. _____

Time and reason for administration 1. _____

Medication may be omitted: On:ClassTrips _____ Yes _____ No - On Half Days _____ Yes _____ No

Physician's Signature _____ Date _____
(Please affix office stamp here)

Return to:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> School Nurse
Flocktown-Kossmann School
90 Flocktown Rd.
Long Valley, NJ
07853 | <input type="checkbox"/> School Nurse
Old Farmers School
51 Old Farmers Rd.
Long Valley, NJ
07853 | <input type="checkbox"/> School Nurse
Cucinella School
470 Naughtright Rd
Long Valley, NJ
07853 | <input type="checkbox"/> School Nurse
LVMS
51 West Mill Rd.
Long Valley, NJ
07853 |
| <input type="checkbox"/> Grades PreK-2 908-850-1010
Fax# 908-850-0452 | <input type="checkbox"/> 908-876-3865
Fax# 908-876-9506 | <input type="checkbox"/> 908-850-3161
Fax# 908-684-4874 | <input type="checkbox"/> 908-876-3434
Fax# 908-876-3436 |
| <input type="checkbox"/> Grades 3-5 908-850-1010
Fax# 908-852-0437 | | | |



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Dear Parents or Guardian:

We wish to remind you of the procedures required for a student to receive medication in school. These are based on the requirements within the guidelines set forth by the health Division of the New Jersey State Department of Education and the Washington Township School Board of Education.

If your child must take medication during school hours, these rules and regulations must be adhered to:

- All medications for administration at school must be prescribed by your MD, DO, or advanced practice nurse.
- A written order from the prescriber must accompany all **prescription** and **over-the-counter medications**. The order must include the name of the medication, the purpose of the medication, the dosage, the time at which or the special circumstances under which the medication shall be administered, and the possible side effects.
- The prescribed frequency of consumption must be sufficiently high to require administration of at least one dose during school hours.
- Parents must bring this medication in person to the nurse's office. All prescription medication must be properly labeled with the pharmacist's label to include the pupil's name, doctor's name, name of the medication and date prescribed. The date must be current.
- All over the counter medication should be in the original container.
- All medications which have been approved by the parents and prescriber for administration must be kept by the nurse in a locked cabinet in her office. The medication will remain under the supervision of the nurse at all times.
- On overnight school trips a parent may request, in writing, that the school nurse dispense a non-aspirin product (acetaminophen) to their child. The product will be supplied by the school district.
- The nurse will keep a record of the administration of medication. The medication will be administered to the pupil by the nurse only, except as follows in Asthma Bill #2600 and Emergency Administration of Epinephrine: P.L. 1997, C-368 (N.J.S.A. 18 A:40-12.5 and 12.6). These bills allow students to carry their own inhalers and EpiPens with signed permission from a physician and parent. Please contact your school nurse for more information regarding this policy.

It is important that this policy is followed without exception so that the safety of all our children is secured. Please be sure that the emergency information card sent home with your child is filled out promptly. This information will be used in case of an accident or illness during school hours.

If you have any questions regarding the above information, please call your school nurse.

Thank you for your cooperation and understanding.

Sincerely,

Jeffrey S. Mohre
Superintendent of Schools