

## MEDICATION GUIDELINES

School nurses are not permitted to dispense **any medication** without a doctor's written order, including over-the-counter medications. Guidelines for administering medication in school are as follows:

A completed **Medication In School Form** is required. Only written orders from Physicians, APN or PA's are acceptable. Orders should include start and discontinue dates and diagnosis.

All medication must be in a pharmacy labeled containers with the student's name, medicine identification, dosage, time to be given and dates. The doctor's and pharmacy telephone number are needed in case there are unanticipated side effects.

Parents should bring the medication to the nurse.

All non-prescription drugs are to be handled the same as prescribed drugs. Therefore, the nurse will administer drugs such as aspirin, Tylenol, antihistamines, or non-prescription cough syrup, etc., only upon receipt of written orders from the doctor and parent request. The original container of the over-the-counter medication also must be provided.

**Medication In School Forms must be renewed every school year.**

At the end of each school year, medications are to be picked up by the parent. All medications left in the nurse's office will be discarded at the end of the school year.

### **PLEASE NOTE:**

- For inhalers, you need a Medication In School Form (below) and an [Asthma Action Plan](#) completed by a physician.
- For Epi-Pens you need a Medication In School Form (below) and an [Allergy Action Plan](#) completed by a physician.
- For Diabetes, the [Diabetes Plan of Care](#) **must** be completed by a physician.
- For Seizures currently on medication, you need a Medication In School Form (below) and a [Seizure Action Plan](#) completed by a physician.
- Medication In School Forms (below) are required for all medicines including over the counter.

EAST BRUNSWICK PUBLIC SCHOOLS

Student Services

MEDICATION IN SCHOOL – PHYSICIAN’S ORDER

Students Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

TO BE COMPLETED BY THE PHYSICIAN:

Medication for the above-named child is necessary during the school day and should be administered as follows:

Date of Order: \_\_\_\_\_ Name of Medication: \_\_\_\_\_  
MM/DD/YYYY

Diagnosis: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_ P.R.N.

Can a reaction be expected? \_\_\_\_\_

If so, describe: \_\_\_\_\_

In the event of a field or class trip, the above named child may do without prescribed medication on that day.  
(Effective for this school year only.) \_\_\_\_\_ Yes, may omit for trips \_\_\_\_\_ No, may not omit for trips

Student may self-carry and administer inhaler-epinephrine \_\_\_\_\_ Yes \_\_\_\_\_ No

Hx: Anaphylaxis: \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent will provide an additional inhaler or pre-filled auto-injector mechanism epinephrine identical to the one the student is authorized to carry which will be retained by the school nurse in accordance with the district medication policy.

**In the event of an allergic reaction when the school nurses are unavailable (field trip, before/after school activities, or athletics) a trained delegate will administer a single dose of epinephrine and call 911. The delegate is not permitted by NJ State Law to give Antihistamines.**

Name of physician (please print): \_\_\_\_\_

\_\_\_\_\_  
(Signature of physician) STAMP NOT ACCEPTABLE

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Date