

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 and an Asthma Action Plan.
- For [Epi-Pen](#), you need a Medication In School Form and an Allergy Action Plan.
- 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 and a completed Seizure Action Plan.
- Medication in school forms are required for all medicines including over the counter.

EAST BRUNSWICK PUBLIC SCHOOLS
Student Services

MEDICATION IN SCHOOL – PHYSICIAN'S ORDER

Students Name: _____ Grade: _____

School: _____

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 Benadryl.

Name of physician (please print): _____

(Signature of physician) STAMP NOT ACCEPTABLE

Address: _____

Phone #: _____ Date: _____

Parent's Signature

Date