Northern Burlington County Regional School District

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SUBJECT: Prescription Medication at School

The district medication policy encourages parents to administer all medications at home; however, it is recognized that children with special needs, chronic illnesses, and specific disabilities may require medication during the school day. Therefore, a physician's approval and written parental consent for all prescription medication is required.

All medication must be brought to the school by parents/guardians and it will be kept locked in the nurse's office. The written statement from the physician must identify the child's name, strength and name of medication, name of prescribing physician, and the time and dosage of medication to be given. The bottle should be clearly labeled with this same information and include details of the drugstore where medication was purchased.

A written statement from the family physician must be filed each September for students who are on continuous daily medication.

Student's Name _____Age_____Grade_____

Name and Strength of Medication_____Dosage_____

Time and Route of Administration in school_____

Reason for Medication_____

Effective Dates: From_____20__ to _____20__

Most common side effects: _____

It is my understanding that the School Nurse charged with the administration of medication may rely upon my directions as contained in this document. I further certify that I am the physician who prescribed the medication and that the student named above is under my supervision as a patient for diagnosis and treatment. Any alteration to the above will occur only with written directions from the attending physician.

_____ _____
Doctor's Name (Print) Doctor's Signature

_____
Patient's Medication Allergies

_____ _____
Date Physician's Stamp

_____ _____
Date Parent's Signature