

**Northern Burlington County Regional School District**  
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**SUBJECT: Medication at School**

Our 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.

We therefore require a physician's approval and a written parental consent to accompany all medication both prescription and non-prescription (over-the-counter).

All medication must be brought to the school by parents/guardians and it will be kept locked in the nurse's office. The bottle should be clearly labeled with the child's name, name and strength of medication, drugstore where purchased, name of prescribing physician, and the time and amount of medication to be given.

The written statement from the physician must identify:

- Child's name and age
- Name and strength of medication
- Dosage, time to be given in school
- Purpose of medication
- Dates of administration

A written statement from the family physician must be brought in each September for those 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**

\_\_\_\_\_  
**Doctor's Address**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Doctor's Telephone Number**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent's Signature**