

WEST ORANGE PUBLIC SCHOOLS

DEPARTMENT OF STUDENT SUPPORT SERVICES

179 Eagle Rock Avenue • West Orange • New Jersey • 07052
Telephone: 973-669-5400 Ext. 20539
Fax: 973-669-8601

Ms. CONSTANCE SALIMBENO, EXECUTIVE DIRECTOR

Ms. KRISTIN GOGERTY -FITZGERALD, SUPERVISOR, PRESCHOOL, PREK – 5
6-12

MRS. DAWN RIBEIRO, SUPERVISOR,

PARENT'S REQUEST FOR ADMINISTERING MEDICATION DURING SCHOOL HOURS

STUDENT

_____ DOB _____ GRADE _____ SCHOOL _____

I, THE PARENT OF _____, REQUEST THE SCHOOL NURSE ADMINISTER THE MEDICATION PRESCRIBED BY

(STUDENT'S NAME)

_____ FOR THE PERIOD FROM

_____ TO _____.

(PHYSICIAN'S NAME)

(DATE)

(DATE)

THE MEDICATION IS TO BE FURNISHED BY ME AND IS TO BE PHARMACYLABELED WITH THE NAME OF THE MEDICINE, THE AMOUNT TO BE GIVEN, TIME OF DAY TO BE TAKEN, AND THE EXPECTED DURATION OF TREATMENT. THE PHYSICIAN'S NAME MUST ALSO BE ON THE LABEL. THE SCHOOL NURSE HAS MY PERMISSION TO CONTACT DR.

AT _____ TO THE ADMINISTRATION AND EFFECT OF THE MEDICATION.

(TELEPHONE NUMBER)

(PARENT'S SIGNATURE)

(DATE)

PHYSICIAN'S REQUEST FOR THE GIVING OF MEDICATION AT SCHOOL

DATE _____

STUDENT'S NAME _____

DOB _____

To _____ SCHOOL NURSE AT _____ SCHOOL

RX _____

DOSAGE _____

TIME/SPECIAL CIRCUMSTANCES OF ADMINISTRATION _____

PERIOD OF TIME _____

PURPOSE OF MEDICATION _____

POSSIBLE SIDE EFFECTS _____

PHYSICIAN'S SIGNATURE _____ DATE _____

WEST ORANGE PUBLIC SCHOOLS

DEPARTMENT OF STUDENT SUPPORT SERVICES

179 Eagle Rock Avenue • West Orange • New Jersey • 07052

Telephone: 973-669-5400 Ext. 20538

Fax:973-669-8601

Ms. CONSTANCE SALIMBENO, EXECUTIVE DIRECTOR

MRS.. KRISTIN GOGERTY -FITZGERALD, SUPERVISOR, PREK –5 MRS. DAWN RIBEIRO, SUPERVISOR, 6-12

TO: PHYSICIANS AND PARENTS

WE ARE WRITING TO ASK FOR YOUR COOPERATION AS WE ATTEMPT TO BEST SERVE THE CHILDREN IN OUR SCHOOLS REGARDING THE ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS.

THE WEST ORANGE PUBLIC SCHOOLS' POLICY REGARDING THE ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS IS AS FOLLOWS:

1. PARENTS AND TREATING PHYSICIANS ARE RESPONSIBLE FOR THE DIAGNOSIS AND TREATMENT OF A STUDENT'S ILLNESS. THE ADMINISTRATION OF PRESCRIBED MEDICATION TO STUDENTS DURING THE SCHOOL HOURS WILL BE PERMITTED WHEN FAILURE TO TAKE SUCH MEDICINE WOULD JEOPARDIZE THE HEALTH OF THE STUDENT, OR STUDENT WOULD NOT BE ABLE TO ATTEND SCHOOL IF THE MEDICINE WAS NOT AVAILABLE DURING SCHOOL HOURS
2. PUPILS REQUIRING MEDICATION AT SCHOOL MUST HAVE A WRITTEN STATEMENT FROM THE FAMILY 'S PHYSICIAN THAT IDENTIFIES THE TYPE, DOSAGE, TIME SCHEDULE, PURPOSE OF THE MEDICATION AND POSSIBLE SIDE EFFECTS.
3. A WRITTEN STATEMENT FROM THE PARENT OR GUARDIAN OF THE PUPIL GIVING PERMISSION FOR THE SCHOOL NURSE TO GIVE THE MEDICATION PRESCRIBED BY THE FAMILY PHYSICIAN IS REQUIRED.
4. ANY MEDICATION TO BE ADMINISTERED DURING SCHOOL HOURS MUST BE KEPT IN THE HEALTH OFFICE.

PLEASE NOTE, MEDICATIONS CANNOT BE SENT TO SCHOOL OR RETURNED IN A STUDENT'S BACKPACK. ALL MEDICATIONS MUST BE GIVEN TO THE SCHOOL NURSE BY THE PARENT/GUARDIAN. THANK YOU FOR YOUR ASSISTANCE IN ENSURING THE HEALTH AND SAFETY OF THE STUDENTS IN THE DISTRICT

SINCERELY,

SCHOOL NURSE

SCHOOL NURSE