EAST WINDSOR REGIONAL SCHOOL DISTRICT

DIVISION OF HEALTH SERVICES

Hightstown, New Jersey

MEDICATION ORDER - Physician/Dentist/Parent

The East Windsor Board of Education Policy permits the administration of medication to a student during school hours only when a physician licensed in medicine, dentistry or osteopathy, or an advanced practice nurse certifies in writing that the administration of medication during school hours is essential to the health of the student. Medication means a drug approved by the Federal Food and Drug Administration. **Medication does not include herbal remedies.** The parent/guardian must also provide a written request for the administration of the medication at school.

PART I - to be completed in full by the student's physician or dentist

I certify that _____ is physically fit, free of contagious diseases and it is essential to his/her health that the following medication be administered during school hours as directed.

Diagnosis: _____

Name of medication: _____

Dosage: _____

Mode of administration: _____

Time of administration: _____

Frequency of administration: _____

Side effects, if any: _____

Length of time the order is valid: _____
(may not exceed school year)

_____ _____
Date Signature of Physician/Dentist

_____ _____
Telephone Number Physician/Dentist Stamp

PART II - to be completed by the student's parent/guardian

I hereby request that the school nurse administer the above medication as directed by my physician to my child _____ . I will supply the medicine in it's ORIGINAL CONTAINER and will notify the school nurse promptly of any change.

1. Early Dismissal Day Yes ☐ No ☐
2. Delayed Opening Day Yes ☐ No ☐
3. Field Trip Days Yes ☐ No ☐

_____ _____
Date Signature of Parent/Guardian

_____
Telephone Number

EAST WINDSOR REGIONAL SCHOOL DISTRICT
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Dear Parent/Guardian:

In compliance with New Jersey Department of Education Guidelines and Regulations, and the East Windsor Regional School District Board of Education any medication which is to be administered during school hours:

1) must be accompanied by a note from you giving permission for the nurse to give the medication.

2) must have a note/order from your physician, dentist, orthodontist (on this form OR letterhead) containing the following:
   a) Student's name
   b) Date
   c) Medication name
   d) Dosage
   e) Time to be given
   f) Diagnosis
   g) Side effects to be observed
   h) Length of time order is in effect (maximum: one school year)
   i) Physician's signature

3) must be in it's original container; ask your pharmacist for a separate bottle for school; over the counter items also MUST be in orginal packaging.

This policy includes all prescriptions or over the counter drugs approved by the FDA (such as "Tylenol", "Advil", "Midol", "Benedryl", cough medicines, etc.) **Medication does not include herbal remedies.**

Thank you for your understanding and cooperation in this matter.

Sincerely,

David Roe
Director of Student Services