

# MIDDLETOWN TOWNSHIP PUBLIC SCHOOLS

Middletown, New Jersey

## Medication Policy

Dear Parent/Guardian:

If under exceptional circumstances a child is required to take **any** PRESCRIPTION or NON-PRESCRIPTION (Over the Counter) medication during school hours and his/her attendance at school would not be detrimental to the health or physical well-being of others, the following procedures shall be followed.

1. Wherever possible the parent/guardian shall administer the medication.
2. If the parent/guardian is unable to be at the school, medication shall only be administered by the **school nurse, after the following have been received.**
  - a. A written statement from the parent/guardian giving permission to give the medication prescribed by the attending physician.
  - b. A written order from the attending physician which shall include:
    - 1) Child's name and name of medication.
    - 2) Purpose of the medication, dosage and termination date.
    - 3) Possible side effects.
    - 4) Medication shall be in its original container.
3. The parent/guardian of the child shall assume responsibility for informing the school nurse of any change in the child's health or change of medication.
4. The school nurse shall:
  - a. Inform appropriate school personnel of the medication.
  - b. Keep a record of the administration of the medication.
  - c. Keep medication in a locked cabinet.
  - d. Return unused medication only to the parent/guardian.

The school district retains the right to reject requests for the administration of medicine.  
Thank you for your cooperation.

**IF YOUR CHILD IS UNDER MEDICATION, PLEASE CONSULT WITH YOUR PHYSICIAN ABOUT GIVING THIS MEDICATION BEFORE AND/OR AFTER SCHOOL HOURS, AS NO CHILD SHALL BE ALLOWED TO TAKE ANY MEDICATION IN SCHOOL UNLESS THESE PROCEDURES HAVE BEEN FOLLOWED.**

NB/mn  
1/14/05

**MEDICAL HISTORY UPDATE – Middletown High School North**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Significant recent illnesses, accidents, operations and/or medical problems:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current medicines including over the counter medications used regularly:

\_\_\_\_\_  
\_\_\_\_\_

Does your child need medication given in school? \_\_\_\_\_

Does your child have any life-threatening allergies or allergies requiring medication in school? \_\_\_\_\_

Has your child been diagnosed with Asthma? \_\_\_\_\_

Has your child been diagnosed with Diabetes? \_\_\_\_\_

Does your child wear glasses, hearing aides or other type of Prosthesis? \_\_\_\_\_

Are there any emotional concerns we should know about? \_\_\_\_\_

I give permission for health information to be shared with necessary personnel for the safety of my child.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return to nurse's office on the first day of school.**

MIDDLETOWN TOWNSHIP PUBLIC SCHOOLS

Middletown, NJ 07748

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_

Medications taken on regular basis: \_\_\_\_\_

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I request that the following medications be made available to my child: (please check)

For headaches/earaches/menstrual cramps/muscle aches:

\_\_\_ Acetaminophen (like Tylenol)                      \_\_\_ Ibuprofen (like Advil)  
\_\_\_ 325 mg    \_\_\_ 500 mg    \_\_\_ 650 mg                      \_\_\_ 200 mg

For upset Stomach:

\_\_\_ Chewable antacid tablets (like Tums)  
\_\_\_ 1 tablet    \_\_\_ 2 tablets

For mild allergic reaction:

\_\_\_ Diphenhydramine (like Benadryl)  
\_\_\_ 25 mg

I understand that the above medications I have checked can be administered by the Registered School nurse with the established protocols that have been developed by the Middletown Township School district physician. I understand the generic medication equivalent may be used. Be advised that the district shall incur **NO** liability as a result of any injury arising from the administration of medication and that the parents/guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of administration of this medication.

\_\_\_\_\_ Date

Signature of Parent/Guardian & Contact number