



BARNEGAT TOWNSHIP SCHOOL DISTRICT

550 BARNEGAT BOULEVARD NORTH
BARNEGAT, NEW JERSEY 08005
(609) 698-5800 FAX (609) 660-5974

Dr. Brian Latwis
Superintendent of Schools

Stephen J. Brennan, MBA, CPA
Business Administrator/Board Secretary

Dear Parent/Guardian:

If it is necessary for a child to take any medicine in school, the following procedures must be observed for all prescriptions and over-the-counter medicines:

MEDICATION POLICY

1. A completed "Administration of Medication in School" request form **MUST BE** filled out and signed by the Physician or Advanced Practice Nurse and returned to the school nurse before the administration of any medication is permitted.
2. A Parent/Guardian's signature on the "Administration of Medication in School" request form indicating approval for the child to receive and permission for the school nurse to administer the medication prescribed by the physician **MUST** be present.
3. In most cases, medication that is to be given three times a day can be taken before school, after school with a snack and before bedtime.
4. The medication must be kept in the nurse's office in the original pharmaceutical container. You can ask the pharmacist to divide your child's medication into two containers (one for home and one for school).
5. According to New Jersey mandate, children are not permitted to carry their own medication to or from school except under certain circumstances (see #6). All medication, including over the counter medications, must be brought to the nurse's office by a parent or guardian.
6. If your child has a history of asthma, a severe allergic reaction, or other potentially life threatening illness and takes medication at home, please call your child's school nurse to obtain the emergency administration of epinephrine and/or self-administration of medication forms.
7. Students with chronic health conditions and/or physical disabilities have a complex, interrelated set of needs. In an effort to meet the student's needs in school, written doctor's orders for detailed protocols and standing orders are required. These orders must include specific medical supplies, equipment and medical instructions to allow the school nurse to participate in the student's care. These orders are required before the student enters school.

Thank you for your cooperation in this matter. If you have any questions, please call your child's school nurse.

Sincerely,

Brian Latwis

Brian Latwis, Ed.D.
Superintendent of Schools

BARNEGAT TOWNSHIP SCHOOLS
550 BARNEGAT BOULEVARD NORTH
BARNEGAT, NEW JERSEY 08005

Dear Parent/Guardian:

The State of New Jersey has passed specific guidelines outlining the use of medication in school. According to these mandates, children are **NOT** permitted to carry their own medication to or from school. Medication must be delivered to the school nurse by the pupil's parent or guardian in the original container labeled by the pharmacy or physician.

If your child will be taking medication for the school year 2019-20, please have your Physician or Advanced Practice Nurse (APN) complete the form below and sign and stamp as indicated. The form must be completed **AFTER** June 30, 2019 and will be effective for the 2019-20 school year. All medications, both prescribed and over-the-counter, will require the same Physician and parental/guardian documentation.

As per State mandate, only with the signature of the Physician/APN and written permission from the parent/guardian will children be permitted to carry and self-administer medications for LIFE-THREATENING conditions including asthma and anaphylaxis. In addition, if your child has had a medically documented anaphylactic reaction in the past, he/she may be eligible for new State protocols regarding the administration of an auto-injection of Epinephrine (Epi-pen). Please contact your school nurse for more information and to obtain the appropriate forms regarding these matters.

Very truly yours,

Brian Latwis
Superintendent of Schools

BARNEGAT TOWNSHIP SCHOOLS - REQUEST FORM FOR ADMINISTRATION OF MEDICATION IN SCHOOL

Please Print:

Name of Student: _____

School Year: 9/1/19-8/31/20

Parent/Guardian: _____

Age: _____ Grade: _____

This medication must be given during the school day or this student would not be able to attend school.

1. **Diagnosis:** _____
2. **Name & dosage of medication:** _____
3. **Route & time of administration:** _____
4. **Length of time to be given in school:** _____ **Daily** _____ **PRN** _____
5. **Possible Side Effects and/or Precautions:** _____
6. **ADL Restrictions (if applicable):** _____
7. **Self-medication: (Yes/No)** _____ may self-administer above medication for said illness

Student's Name

and is capable and has been instructed in the proper method of self-administration of medication.

This student is physically fit to attend school and is free of contagious disease.

Please Print

Physician's Name: _____ Physician's Signature: _____

Address: _____

Telephone #: _____ Physician's Stamp _____

Parent/Guardian: Please sign to indicate your approval of your child receiving and the school nurse administering said medication.

Signature of Parent/Guardian _____ Date: _____

Self-Medication: I acknowledge that the district shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil and that the parent/guardian shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the self-administration of medication by the pupil.

Signature of Parent/Guardian _____ Date: _____

SCHOOL PHYSICIAN APPROVAL FOR ADMINISTRATION OF MEDICATION IN SCHOOL

Barnegat Township School Nurses have my permission to administer physician ordered medication to the above-mentioned student as indicated with permission from the parent/guardian and the **medication supplied in the original prescribed container.**

Physician's Signature: _____ Date: _____