



Millburn Township Schools

Department of Special Services

Over-The-Counter Medication Policy and Authorization Form

Dear Parent/Guardian:

Due to the large number of students requiring over-the-counter (OTC) pain relief medications such as Tylenol, Advil or Aspirin, during the school day, this letter is being sent to clarify the current policy of the Millburn Township Schools for administering these OTC medications.

In order for the school nurse to administer OTC medications **ALL** of the following conditions must be met:

1. Written permission must be given by the parent
2. Medical authorization must be completed by the attending physician
3. OTC medications must be sent to school by the parent/guardian in the original labeled container.

The school nurse shall maintain a record of the name of the pupil to whom medication may be administered, the prescribing physician, the dosage and timing of medication and a notation of each instance of administration.

All medications shall be brought to school by the parent/guardian or adult pupil and shall be picked up at the end of the school year or the end of the period of medication, whichever is earlier.

Please complete the Medical Authorization form on page 2, and submit to your school nurse.

Legal References: N.J.S.A 18A:11-1; N.J.S.A 18A:40-1; N.J.S.A 18A:40-3.2; N.J.S.A. 18A: 40-4; N.J.S.A 18A:40-7



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OVER-THE-COUNTER MEDICAL AUTHORIZATION

PART I: To be completed by PARENTS(S)/GUARDIAN(S):

I give permission for _____ to receive Over-the-Counter medication at school according to standard school policy. I understand that the medication must be sent to the nurse in the original container, with the student's name on it. I will contact the nurse if there are any changes.

Form with fields for Date, Parent/Guardian Signature, and Home Phone.

PART II: To be completed by PHYSICIAN:

- 1. Diagnosis for which OTC medication is prescribed:
2. Name of OTC Medication:
3. Dosage:
4. Time to be administered by school nurse:
5. How soon can OTC medication be repeated:
6. Other information/comments:

Form with fields for Date, Physician's Signature, Phone, and Physican's Stamp.

Date received by school nurse: _____