

BORDENTOWN REGIONAL SCHOOL DISTRICT
School Health Services



Traci Redler, RN
Bordentown Regional HS
318 Ward Avenue
Bordentown, NJ 08505
(609) 298-0025 x1109

Patricia Lee, RN
Bordentown Regional MS
50 Dunns Mill Road
Bordentown, NJ 08505
(609) 298-0674 x2009

Donna Glover, RN
MacFarland IS
87 Crosswicks Street
Bordentown, NJ 08505
(609) 291-7192 x5110

Linda Eaton, RN
Erica Grilletto, RN
Peter Muschal School
323 Ward Avenue
Bordentown, NJ 08505
(609)298-2600 x4109

Lisa Curry, RN
Clara Barton ES
100 Crosswicks Street
Bordentown, NJ 08505
(609) 298-0676 x3109

MEDICATION PERMISSION FORM

I HEREBY REQUEST THE FOLLOWING MEDICATION TO BE GIVEN TO MY CHILD AT THE PRESCRIBED TIME AND DOSAGE BY A CERTIFIED SCHOOL NURSE.

NAME: _____

SCHOOL: _____

ADDRESS: _____

DATE OF BIRTH: _____

SCHOOL YEAR: _____

PHONE: _____

PARENT/GUARDIAN SIGNATURE

DATE

**** TO BE COMPLETED BY PRIVATE PHYSICIAN****

DIAGNOSIS: _____

NAME OF MEDICATION: _____

DOSEAGE: _____

TIME OF ADMINISTRATION: _____

DATE TO BEGIN: _____

DATE TO END: _____

POSSIBLE SIDE EFFECTS; _____

IN THE EVENT OF SCHOOL TRIPS, STUDENT MAY SKIP MEDICATION DOSE FOR THAT DAY.

(Please check one)

PRINTED NAME OF PHYSICIAN: _____

PHYSICIAN'S SIGNATURE: _____

PHONE #: _____

DATE: _____

PLEASE NOTE:

- Medication is to be brought to school by PARENT ONLY in the original container, labeled by the pharmacy. All medications will be kept in a locked storage area.

BORDENTOWN REGIONAL SCHOOL DISTRICT
School Health Services



Traci Redler, RN
Bordentown Regional HS
318 Ward Avenue
Bordentown, NJ 08505
(609) 298-0025 x1109

Patricia Lee, RN
Bordentown Regional MS
50 Dunns Mill Road
Bordentown, NJ 08505
(609) 298-0674 x2009

Donna Glover, RN
MacFarland IS
87 Crosswicks Street
Bordentown, NJ 08505
(609) 291-7192 x5110

Linda Eaton, RN
Erica Grilletto, RN
Peter Muschal School
323 Ward Avenue
Bordentown, NJ 08505
(609) 298-2600 x4109

Lisa Curry, RN
Clara Barton ES
100 Crosswicks Street
Bordentown, NJ 08505
(609) 298-0676 x3109

ADMINISTRATION OF MEDICATION IN SCHOOL

When the administration of prescription or over the counter medication is to be given in school, the following guidelines are to be followed:

1. The parent/guardian must provide a written request for the administration of the prescribed medication at school. (See Medication Consent Form)
2. A written order is to be provided to the school from the private physician and must have the diagnosis, or type of illness, the name of the drug, dosage, time of administration and the side effects.
3. The medication is to be brought to school by the parent or guardian in the original container, appropriately labeled by the pharmacy, or physician, with the student's name. Inhalers must have the prescription attached to the inhaler.
4. The school will provide a secure locked space for the storage of all medication.
5. The certified school nurse or parent/guardian is the only one by law to administer the medication in school.
6. The recording process is required to be maintained by the school nurse.
7. The self-administration of medication for life-threatening illness such as asthma or allergies is permitted provided that the appropriate forms are completed. Contact your child's school nurse for further information.
8. Please send in a small photograph of your child.

It is encouraged that medications prescribed twice of three times daily be administered at home.

- * Please note that when there is a change in daily schedule (i.e. delayed openings, early dismissals, tardiness, ½ days), the school nurse will administer the medication at the prescribed time on this form unless he/she is directly notified to the contrary by the guardian.

If you have any questions, please speak with the school nurse.