

GARFIELD PUBLIC SCHOOLS

JAMES MADISON SCHOOL # 10

55 LINCOLN PLACE, GARFIELD, NEW JERSEY 07026

PHONE: 862-306-7190

Mrs. Jennifer Alfonso
PRINCIPAL

Mrs. Amanda Silva, BSN, RN
SCHOOL NURSE
EXT: 1106 FAX: 973-773-1976

Medication Policy

Dear Parent/Guardian:

If your child needs medication during school hours it is important that you are aware of the medication policy adopted by the Garfield Board of Education. According to this policy, in order to administer any medication (prescription/over the counter) to your child during the school hours, all **THREE** of the following are necessary:

1. A signed form from the parent/guardian allowing and requesting that the medication be given to the child.
2. A doctor's request stating the diagnosis, medication name, dosage, route, and time to be given in school.
3. Medication must be brought to the nurse in the original container (medication name, dosage, route and expiration date must be on the label).

According to the state mandate, the certified school nurse and parent/guardian are the only ones permitted to administer medication in the school. Therefore, if for any reason the school nurse is not available, it will be the responsibility of the parent/guardian to administer the medication. If any questions should arise please feel free to contact the school nurse.

AUTHORIZATION FOR MEDICATION ADMINISTRATION DURING SCHOOL HOURS

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TO BE COMPLETED BY PARENTS

Date _____

Child's Name _____ DOB _____ Gr _____

I request that my child be permitted to take medication in school as prescribed by our physician.

Parent's Signature

Phone #

Physician's Name

Phone #

Physician Address

TO BE COMPLETED BY PHYSICIAN

Diagnosis: _____

Medication: _____ **Dose:** _____ **Route:** _____

Time: _____ **Length of Treatment:** _____

If medication is to be given PRN, describe indications: _____

If necessary, how soon may it be repeated? _____

Is the student authorized to medicate him/herself? _____

List significant side effects: _____

Physician Signature, Date, & Stamp