

Wayne

Township Public Schools

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Dear Physician and Parent/Guardian:

We are writing to ask your cooperation as we attempt to serve the school-age child regarding the administration of medication during the school hours. The policy of the Wayne Public Schools regarding the administration of prescription and non-prescription medication by the school nurse is as follows:

1. Pupils requiring prescription medication at school must present a written statement from the family physician which identifies the drug, dosage, time schedule, purpose of the medication and possible side effects. In lieu of the written statement, it will be permissible for the school nurse to accept the prescription bottle as the physician's request providing the bottle is labeled with the physician's name, the child's name and dosage schedule, and providing that the school nurse has verified with the physician that he/she prescribed the medication. Only FDA approved medicines may be administered at school.
2. The pupil's parent/guardian must provide a written statement granting permission for the school nurse to a) administer the medication prescribed by the physician; or b) granting permission to administer the non-prescription medication as requested by the parent or guardian; and c) relieving the Board and its employees of liability for administration of the medication.
3. The school nurse obtains approval from the school physician to administer the medication.
4. Any medication to be administered during school hours must be kept in the Health Office.
5. The only medication which may be administered without the prior written request of the parent/guardian and prior written order of the prescribing physician is adrenalin, which may be administered by the school nurse at the direction of the pupil's prescribing physician or school physician as an emergency measure in a situation when an anaphylactic state presents a clear and present danger to a pupil's life.

Please turn over for form(s) to be completed. Return the completed form(s) to the school nurse.
THIS MUST BE DONE BEFORE ANY MEDICATION IS ADMINISTERED.

Sincerely,

David Rasa, M.D., R. Ph.
David Rasa, M.D., R. Ph.
Medical Director

(OVER)



**Wayne Township Public Schools
School Health Services**

To: School Nurse

Date: _____

Re: _____

Medication: _____

Dosage: _____

Time of Administering: _____

Period of Time: _____

Purpose of Medication: _____

Possible Side Effects Which May Effect School Performance _____

The medication is FDA approved: _____ Yes _____ No

REVIEWED BY SCHOOL PHYSICIAN

PRESCRIBING PHYSICIAN'S SIGNATURE

*****PLEASE ADVISE PARENT'S MEDICATION MUST BE PROVIDED BY PARENTS IN ORIGINAL CONTAINER**

**PARENTS REQUEST FOR ADMINISTRATION OF PRESCRIPTION AND/OR
NON-PRESCRIPTION MEDICATION AT SCHOOL**

I request the school nurse to administer to my child _____ the prescription/non-prescription medication, _____
Name of Medication Dosage Time to be given

Reason for medication _____. If prescription medication, prescribed by
Dr. _____ for the period from _____ date to _____ date
Physician date date

**The medication is to be provided by me in the original labeled container.
To my knowledge my child is not allergic to this medication.**

I hereby relieve the board and its employees of any and all liability which may result from administration of the medication to my child.

Parent/Guardian's

Date _____

School _____

REVIEWED BY SCHOOL PHYSICIAN