

PHILLIPSBURG SCHOOL DISTRICT IN SCHOOL MEDICATION AUTHORIZATION

Main Number: (908)454-3400

Early Childhood Center Ext. 3020 (Fax: 908-213-2821)

Phillipsburg Primary School Ext. 4020 (Fax: 908-213-2552)

Phillipsburg Elementary School Ext. 5020 (Fax: 908-213-2546)

Phillipsburg Middle School Ext. 6020 (Fax: 908-213-2414)

Phillipsburg High School Ext. 7020 (Fax: 908-777-3980)

New Jersey state law requires a written statement from a physician when a student needs to take a prescription or over the counter medication during school hours. **Medication orders are only effective for the current school year.** Medications must be in the original prescription container labeled by the pharmacy or in the original over the counter container.

MEDICATION CANNOT BE DISPENSED IN SCHOOL UNTIL A WRITTEN ORDER IS RECEIVED FROM YOUR CHILD'S PHYSICIAN.

Policy Regarding Self-Administration of Medication

Only those students who have **asthma and other potentially life threatening illnesses** are permitted to carry and self-administer inhaled or injectable medication for the treatment/prevention of symptoms. They must be sufficiently responsible and properly educated by their physician and parent/guardian.

After self-medicating with an inhaler for symptomatic wheezing/shortness of breath, the student is strongly encouraged to report to the School Nurse to have an assessment to determine effectiveness of the medication.

Students self-medicating with an Epi-Pen must report to the School Nurse.

Students with food allergies must submit a separate Allergy Action Plan from their physician.

Student's Name: _____ Diagnosis: _____ Grade: _____ DOB: _____

Parent/Guardian: _____ Home Phone: _____ Work Phone: _____

MEDICATION	DOSAGE / ROUTE	FREQUENCY/ INDICATION	SIDE EFFECTS

Student may carry medication: YES NO

Student may self-administer medication: YES NO

On class trips: As ordered Omit Adjust Schedule _____ On ½ days: As ordered Omit Adjust Schedule _____

Asthma Action Plan and Emergency Asthma Policy

A separate Asthma Action Plan should only be submitted if the physician does not agree.

- If a student presents with wheezing/shortness of breath, prescribed medication will be given.
- Students showing marked improvement after 10 min. post-treatment observation will be permitted to return to class.
- If a student DOES NOT show marked improvement after one dose of medication, parent will be called to pick up student and seek physician care.
- Up to two (2) additional treatments will be given at 20 minute intervals while awaiting arrival of parent.
- If condition worsens, 911 will be called.

Physician's Signature

Physician Phone #

Date

As the parent / guardian of this student, I request he or she be allowed to receive the medication prescribed above. I hereby agree to indemnify and hold harmless the Phillipsburg School District, it's agents and employees from any and all liability should any injury occur as a result of the administration of the medication.

Parent / Guardian Signature

Date

School Physician Signature

Date