

Cape May County Technical School District  
188 Crest Haven Road  
Cape May Court House, New Jersey 08210  
(609) 380-0200  
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## **MEDICATION POLICY**

Dear Parent/ Guardian,

The goal of the Cape May County School Health Services is to promote health and wellness. In accordance with this goal, school policy allows for the administration of medication by the school nurse “during school hours when failure to take such medication would jeopardize the health of the student, or, the student would be unable to attend school if the medication were not available to him/her during school hours”. School policy mandates that before any medication is administered during school hours, the written request of the parent/guardian and the physician, which shall give permission for such administration, be obtained and releases the school board and their employees from liability for administration of medication.

You indicated that your child needs medication to be administered by the school nurse during school hours. Please have the prescribing physician complete the top part of the attached form. You will need to complete the bottom part of the form.

**Please note: Both portions of the attached form must be completed and signed by the physician and parent/guardian before any medication is administered by the school nurse.**

**All medication must be in the original container. All controlled medication needs to be brought in by the parent (examples: Ritalin, Adderral), but if you are unable to do so, please call the school nurse.**

**If your child requires pain medication that contains a narcotic it is requested that your child remain home until his/her pain is controlled with a non-narcotic pain reliever. Children whose cough can only be controlled with a narcotic containing prescription cough syrup should remain home.**

Duplicate forms may be obtained via our website: <http://www.capemaytech.com>. Go to the “Offices”, then click “School Nurse” link, click on “Policy and Forms for Medication Administration in School”, then click on the appropriate link as it relates to your child.

For copy/paste link: <https://capemaytech.com/hs-medication-forms.html>

If you have any questions regarding this policy, feel free to call me at: (609) 380-0200 ext. 658.

Thank you,  
Kathleen Giangliulio, School Nurse

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(609) 380-0200 ext. 658

**MEDICATION AND TREATMENT ORDERS**

**(TO BE GIVEN BY SCHOOL NURSE)**

No medication will be administered without the written order from the student's physician and parent.

**PHYSICIAN, PLEASE NOTE:**  
**Do not leave any blank spaces.** This form will be returned to you and may cause a delay in the administration of your patient's medication or treatment.

Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Any other diagnosis nurse should be aware of: \_\_\_\_\_

Name of medication/treatment to be administered: \_\_\_\_\_

Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Time(s) to be given at school: \_\_\_\_\_

Total dose per day prescribed: \_\_\_\_\_ (Dosages exceeding PDR guidelines will not be given by school nurse)

PRN criteria: \_\_\_\_\_ On field trips may the medication be omitted? YES NO

Duration of order administered: School Year: 20\_\_ to 20\_\_ **OR** Start date: \_\_\_/\_\_\_/\_\_\_ Stop Date: \_\_\_/\_\_\_/\_\_\_

Precautions/side effects, noting student's vocational shop limitations, if any (ie. No use of hazardous machinery, no heights or climbing ladders, no waterway activities-risk of drowning, etc.):  
\_\_\_\_\_

Medical Provider's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Printed

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone: \_\_\_\_\_  
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**Parent/Guardian completes this section:**

I give permission for the school nurse at Cape May County Technical School District to administer the above medication, as prescribed by my child's physician, to my child, \_\_\_\_\_. I understand that no medication will be given to my child unless it is brought to school in the original container, properly labeled, from the pharmacy/manufacturer. I release the school board, and its employees, from liability for administration of the above medication.

Parent/Guardian Name **Print:** \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

*Note: For safety reasons any medication that has as a potential side effect of drowsiness or impaired coordination will require parent/guardian pick up from the school nurse's office after such medication is administered.*