



Middle Township High School

300 East Atlantic Avenue
Cape May Court House, New Jersey 08210-2499

Telephone (609) 465-1852

Fax (609) 463-1671

www.graft@middletwp.k12.nj.us

Tammy Ann Pellish MSN RN CSN

Permission for Medication in School

In order to comply with this New Jersey Administrative Code 6A:16-2.3, Guidelines for administration of medication, please fill out this form appropriately.

To be completed by the physician:

_____ may receive the following
(name of student)

medication while in school, or on an overnight trip, to be administered by the school nurse.

Please check all that apply:

- Tylenol 650mg PO Q 4hr PRN pain or fever
or
Ibuprofen 400 mg PO Q 6hr PRN pain or fever
- Benadryl 12.5mg or 25mg Q 4hr PRN allergies/rash
- Tums 2 tabs to chew Q 2hr PRN upset stomach/heartburn
- (other) _____
- (other) _____
- Student may self-administer Asthma Inhaler, EpiPen

Date: _____ Physician Signature _____ Physician Stamp

Date: _____ Parent Signature _____

This form may be faxed directly to the school nurse at: 609-463-1671
(no need for a cover page)



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Request for Medication to be Administered at School

To Parents, Guardians, and Students:

In order to comply with the guidelines of the NJ School Health Services at the New Jersey Department of Education, please note the policy concerning MEDICATION administered in Middle Township Public Schools. Whenever possible, all medication should be given at home.

“The administration of medication should be discouraged by school personnel as it is not normally a function of education. However, some children with chronic illness and specific disabilities often require medication during the regular school day” (April 6, 1983, NJ Department of Education).

No medications, prescribed or over the counter, will be given to any student unless a licensed physician or dentist has ordered it. (“Over the counter” medication may mask symptoms of a serious problem and postpone proper treatment). These guidelines will be followed:

1. Written orders are to be provided to the school from the private physician/dentist.
2. The parent/guardian should provide written request for administration of the prescribed medication at school and the time the last dose was given at home.
3. A responsible person should bring the medication to school in the original container. The pharmacy or the physician should appropriately label the container.
4. The school will provide a secure locked space for the safe storage of the medicine.
5. The records are required to be maintained by the school nurse.

Thank you for your cooperation.

Middle Township Board of Education
Dr. David Salvo, Superintendent
Dr. Tara Vodges, DO
Middle Township School Nurses