

Pitman Public Schools  
Pitman, New Jersey

**Health Services**  
**Administration of Medication at School**

In keeping with the recommendation of the American Medical Association and the State Department of Education, it shall be the philosophy of the Pitman Board of Education to discourage the administration of medication at school. Realizing that under certain circumstances, it will be necessary for pupils to take or be administered medications while at school the following regulations shall be followed:

1. School personnel shall not provide pupils with aspirin or any other medication.
2. Pupils are not permitted to bring aspirin, vitamins, or any other unprescribed medications to school.
3. Pupils are not permitted to carry medication with them in school except in extenuating circumstances and as authorized by the school nurse.
4. If students must take medication in school, parents are requested to contact the school nurse or main office to inform school personnel.
5. The following regulations on medications administered in school are directed specifically to exceptionally cases where failure to take prescribed medication would jeopardize a pupil's health.

Medication shall be administered on the written order of the physician and the parent.

1. Written order from the physician shall include:
  1. Diagnosis
  2. Dosage
  3. Time to be given
  4. Length of time
  5. Purpose and need for medication to be given during school hours
2. The parent's written request shall give permission to administer medication as prescribed by the physician and shall release school personnel from all liability.
3. Medication must be delivered to the school nurse in its original labeled container by the pupil's parent.
4. Over-the-counter medications (those not requiring a doctor's prescription) will not be administered without a doctor's note as indicated above.

**Medication Permission Request Form**

To Parent or Guardian,

The Pitman School District requires that all students who need medication during school hours provide the following:

1. Written consent from signed by the parent or guardian.
2. Written consent from signed by the physician describing medication, dosage, and diagnosis.
3. Parent must bring medication in the original prescription container (properly labeled by a pharmacist) to school.

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

D.O.B. \_\_\_\_\_ School \_\_\_\_\_

**To be completed by Physician:**

Name of Medication: \_\_\_\_\_

Specific time(s) and dose(s) to be given at school \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Duration of Medication \_\_\_\_\_

Restrictions \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Physician

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

**To be Completed by Parent:**

I, \_\_\_\_\_, give permission for my child \_\_\_\_\_ to receive the above medications dose(s) as directed by my physician.

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date