

Gloucester City Public School District

Carol Rucci RN, MBA
Lisa DePrince BSN,RN,CSN
Cold Springs School- 456-0320 X 3160
Fax: 856-456-2160

Karen McGlenn RN, MS
Mary Ethel Costello School
456-0315-X 2164 Fax: 456-1254

Linda Stewart RN, BSN,CSN
Pat Silverman RN,BSN,CSN
Gloucester City Jr/Sr. HS – 456-7000 x 1521, 1752
Fax: 856-475-0153

Students requiring medication administration during school hours must have the following information supplied to the school nurse.

1. A doctors written instruction including medication name, dosage, time, and duration of administration and if it is to be given on an “as needed basis”, a list of indications for use.
2. Parental signed consent
3. The medication in the original container with a prescription label or the “over the counter” label

Name of Student: _____ Date of Birth: _____
School/Homeroom: _____

*TO BE COMPLETED BY PHYSICIAN

Medication/ dosage: _____

Time(s): _____ Route: _____

(Please include A.M. dose and time if it is permissible for school nurse to administer a forgotten home A.M. dose. The missed dose must be confirmed by parent)

Indication for use: _____

Possible side effects: _____

Are there any restrictions, if yes please describe: _____

Student May, May Not, miss a dose of medication to attend a field trip or special activity.

May self administer inhaler on school approved trips: yes, no

Printed name of physician

Date

*FOR SELF ADMINISTRATION ONLY

Self administration of medication may be performed by pupils with a potentially life threatening illness, namely asthma or severe allergic responses. The above named pupil is capable of and has been instructed on the proper technique of self-administration. The pupil is physically fit to attend school.

*TO BE COMPLETED BY PARENT/GUARDIAN

I, _____, give permission for my child to receive the above medication as directed by his/her physician. My child may self-medicate for asthmas ordered by his/her physician.

I, _____, give permission for my child to receive Tylenol, Ibuprofen or Tums as needed during the school day from the school nurse.

Signature: _____

Date: _____

Emergency Contact Name: _____

Phone Number: _____