

Green Brook Township Public Schools

IEF Elementary School 105 Andrew Street, Green Brook, N.J. 08812 School Nurse: Mrs. Ostrander Office Phone: 732-9681052 ext. # 3 Fax: 732-968-0791	Green Brook Middle School 132 Jefferson Avenue, Green Brook, N.J. 08812 School Nurse: Mrs. Seracka Office Phone: 732-968-1051 ext. # 3 Ext. # 3 Fax: 732-752-1086
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PARENT/GUARDIAN REQUEST: ADMINISTRATION OF PRESCRIPTION, DAILY or OTC MEDICATIONS

This form is not for asthma or epinephrine medications.

I. Administration of Medication Policy and Regulations:

1. As per Green Brook Board of Education policy # 5330, for the administration of any medication in the school's requires a completed Parent/Guardian and Health Care Practitioner's Request for Administration of Student Medication form.
2. Requests will be effective for the current school year and must be renewed for each subsequent school year.
3. These medications can only be given by the school nurse, substitute school nurse, school physician, or the student's parent/guardian as per N.J.A.C. 6A: 16-2.3.
4. Self administration of medication: epinephrine auto-injectors or asthma rescue inhalers are the only self-administered medications that students may carry and self-administer. This is not the permission form for those medications.
5. Asthma, Diabetes and Anaphylaxis medications require a special medication form. (see GBTPS.org web-site.)
6. All medications must be transported to the Health Office by an adult and in their original pharmacy labeled container.
7. Any medications that remain in the Health Office after 2 weeks from the last day of the school year will be discarded.
8. If the duties of the school nurse (or substitute) require his/her presence at another location at the time the medication is needed, the ultimate responsibility for medication administration will remain with the parent/guardian.

There are two options for the administration of the OTC medications listed in the chart below:

- Have your child's **health care provider and you** complete this form's sections and return the form to the school.
- Give permission for school district's Medical Inspector, Dr. Frank to authorize the school nurses or substitute nurses to administer the medications listed below as per manufacture's recommendations.

II. Student Personal and Medication Data:

Sign below if you wish to have these medications given to your child on an as needed basis.

Student's Name _____ Grade/Teacher _____

Request Administration	Medication	Diagnosis/ Reason for Administration	Dose and Administration Times
YES NO	Acetaminophen ("Tylenol")	AS PER PRACTITIONER'S CRITERIA	AS PER PRACTITIONER'S CRITERIA
YES NO	Ibuprofen ("Advil")	AS PER PRACTITIONER'S CRITERIA	AS PER PRACTITIONER'S CRITERIA
YES NO	Diphenhydramine("Benadryl")	AS PER PRACTITIONER'S CRITERIA	AS PER PRACTITIONER'S CRITERIA
YES NO	Other	AS PER PRACTITIONER'S CRITERIA	AS PER PRACTITIONER'S CRITERIA
YES NO	Other	AS PER PRACTITIONER'S CRITERIA	AS PER PRACTITIONER'S CRITERIA
YES NO	Other	AS PER PRACTITIONER'S CRITERIA	AS PER PRACTITIONER'S CRITERIA

III. Parent Permission:

I hereby acknowledge my understanding and acceptance of:

- the medication procedures as outlined in Green Brook Board of Education policy # 5330, and listed above,
- the statement that the school district and its employees or agents shall incur no liability as a result of any injury arising from the administration or lack of administration of the afore mentioned medication,
- the statement that I shall indemnify and hold harmless the Green Brook School District and its employees or agents from any and all claims arising from the administration or lack of administration of the afore mentioned medication.

Legal Parent/Guardian printed name:	Date:
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Legal Parent/Guardian signature:

PLEASE - MAKE SURE YOUR HEALTH-CARE PRACTITIONER COMPLETES BOTH SIDES OF THIS FORM before you return it to the school.

Green Brook Township Public School District

IEF Elementary School

105 Andrew Street Green Brook, NJ 08812

School Nurse: Mrs. Ostrander

Office: 732-968-1052 Line 3 Fax: 732-968-0791

Green Brook Middle School

132 Jefferson Avenue Green Brook, NJ 08812

School Nurse: Mrs. Seracka

Office: 732-968-1051 Line 3 Fax: 732-752-1086

HEALTHCARE PRACTITIONER'S REQUEST: ADMINISTRATION OF PRESCRIPTION or OTC MEDICATION

This form is not for asthma or epinephrine medications.

I. Administration of Medication

The administration of medication in the Green Brook School District requires a Healthcare Practitioner request on record in the Health Office as per the Board of Education medication policy # 5330. Requests for the medications indicated below will be effective for the current school year and must be renewed for each subsequent school year. Medications at school can only be given by the school nurse, substitute school nurse, school physician or the student's parent or guardian as per N.J.A.C. 6A: 16-2.3. (Exception: students who fulfill self-administration guidelines.)

II. Student & Medication Data

Student Name _____ Grade/Teacher _____

Medication Name	Criteria for Administration &/or Diagnosis	Dosage	Adm. Time/ PRN	Repeat dose instructions	Discontinue Date
Acetaminophen ("Tylenol")		Dosage by manufacture's wt./dose chart			
Ibuprofen ("Advil/ Motrin")		Dosage by manufacture's wt./dose chart			
Diphenhydramine ("Benadryl")		Dosage by manufacture's wt./dose chart			
Other					
Other					
Other					

This form is not for asthma, epilepsy or epinephrine medications.

Tylenol/Acetaminophen: Q. 4-6 hours							Ibuprofen/ Motrin, Advil: Q. 6-8 hours							Diphenhydramine/ Benadryl: Q 4-6h 5 ml=1 tsp.= 12.5 mg.				
Wt. Lbs.	Wt. Kg.	mg. / wt.	Liquid 160 mg/ 5 ml.	Chew 80 mg.	Jr. 160 mg.	Adult 325 mg.	Wt. Lbs.	Wt. Kg.	mg. / wt.	Liquid 100 mg/ 5 ml.	Chew 50 mg.	Jr. 100 mg.	Adult 200 mg.	Wt. Lbs.	Wt. Kg.	Q6H dose	Liquid 5ml/12.5 mg.	table 25 mg.
24-35	11-16		1 tsp	2			24-35	11-16	100	1 tsp	2			> 35	16	20 mg.	1 1/2	0
36-47	16-22	240	1 1/2	3			36-47	16-22	150	1 1/2	3			> 45	20	25 mg.	2 tsp	1
48-59	22-27	325	2 tsp	4	2	1	48-59	22-27	200	2 tsp	4	2	1	> 55	25	31 mg.	2 1/2	1
60-71	27-32	400	2 1/2 tsp	5	2 1/2	1	60-71	27-32	250	2 1/2	5	2 1/2	1	> 65	30	38 mg.	3 tsp	1 1/2
72-95	32-44	480	3 tsp	6	3	1 1/2	72-95	32-44	300	3 tsp	6	3	1 1/2	> 75	34	43 mg.	3 1/2	1 1/2
96 +>	44 +>	650	-	8	4	2	96 +>	44 +>	400	-	8	4	2	> 85	39	54 mg.	4 tsp	2

Practitioner's Printed Name/Stamp

Practitioner's Printed Name:

Practitioner's Signature:

Date: _____

