

MANALAPAN-ENGLISHTOWN REGIONAL SCHOOLS

MEDICATION ORDER – PHYSICIAN/DENTIST/PARENT

PART I – TO BE COMPLETED IN FULL BY THE STUDENT’S PHYSICIAN OR DENTIST

I certify that it is essential to the health of _____ that the following medication be administered during school hours as directed:

Diagnosis: _____

Name of Medication: _____ Dosage: _____

Administration: Mode: _____ Time: _____ Frequency: _____

Side Effects, if any: _____

Length of time the order is valid (may not exceed the school year): _____

Date

Telephone Number

Signature of Physician/Dentist

OFFICE STAMP: _____

PART II – TO BE COMPLETED BY STUDENT’S PARENT/GUARDIAN

I hereby request that the School Nurse administer the above medication as directed by my physician/dentist to my child _____. I will supply the medicine in an ORIGINAL CONTAINER and will notify the school nurse promptly of any change.

Date

Telephone Number

Signature of Parent/Guardian

PLEASE NOTE: ONLY PARENTS MAY BRING IN MEDICATION

Due to heightened security, you must register with Passage Point before dropping off medication or you will not be allowed admittance into the building.

MANALAPAN-ENGLISHTOWN REGIONAL SCHOOLS

INDIVIDUAL HEALTHCARE PLAN (IHP)

Name: _____ DOB: _____ DATE: _____

Allergies: _____ School: _____

Ingestion: _____ Touch: _____ Airborne: _____

Experienced anaphylaxis that required epinephrine: Yes No

Medication needed: Epi-Pen Jr. Epi-Pen Auvi-Q Jr. Auvi-Q Benadryl _____

Other: _____

Symptoms of student's allergic response: _____

Current medications and other medical conditions/history: _____

Interventions:

Implement Emergency Care Plan

- School nurse/delegate called to scene
- Call 911
- Notify parent

Plan of Action

1. Notify and train all school staff who have contact with the student for signs and symptoms of allergic reactions.
2. Review emergency procedures with staff.
3. Use emergency contact phone – dial _____ if signs of an allergic reaction occur.
4. Discourage food sharing.
5. Parent will review with student allergen avoidance.
6. Parent will provide safe lunch and snacks.
7. If child will be purchasing food in school, parent is responsible for reviewing menu and contacting food service.
8. Parent will be encouraged to attend class trips.

Principals and School Nurse have my permission to share information with all staff and substitute staff.

Parent Signature: _____ Parent Print Name: _____ Date: _____

Nurse Signature: _____ Date: _____

THIS FORM AND PERMISSION MUST BE RENEWED ANNUALLY