



# Cherry Hill Public Schools

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August 2013

Dear Parents/Guardians:

Effective September 1, 2013, the Cherry Hill School District has revised the protocol for administration of prescription medication by a certified school nurse. In addition to written parent/guardian permission, the district now requires a form that is completed by the prescriber and includes the name of the medication, dose, diagnosis/purpose, and prescriber comments. This form also requires a physician's office stamp.

Previously, our nurses would accept either the completed form or a pharmacy label on the medication. **Our nurses will no longer accept just a pharmacy label on the medication in lieu of the completed form.**

This change is being implemented to safeguard our students. The form (which is attached to this letter and is also available on the district website and in our nurses' offices) will enable our nurses to ensure that the diagnosis and indication information is accurate and that the medications they are administering are current. The form will also allow the prescribing healthcare professional greater oversight and coordination of the medications that are to be used in school, as well as the opportunity to provide additional comments to the school nurse regarding medication administration.

The safety and well being of our students is always our highest priority. Thank you for your cooperation.

Sincerely,

LaCoyya H. Weathington  
Director of Pupil Services

**CHERRY HILL PUBLIC SCHOOLS**  
**Cherry Hill, New Jersey**

**POLICY FOR ADMINISTRATION OF MEDICATION**  
**BY CERTIFIED SCHOOL NURSE**

All medications are administered from the health office by the school nurse.

All medication must be in a prescription bottle with the name of the child and the drug.

All medication must be brought to and from school by the parent or another adult whom the parent designates.

It is necessary for the well being of your child that, following an illness, the child does not return to school until his/her temperature is normal for 24 hours and other symptoms have subsided.

**PRESCRIPTION MEDICINES**

If prescription medication is to be administered in school, all of the following are required:

1. A written order from the physician
  - A. name of student
  - B. name of medication
  - C. dosage
  - D. physician's name
  - E. date
  
2. Written parent/guardian permission form releasing the school district and school nurse from any liability thereof.


**PATENT MEDICINE**

If a non-prescription medication (over the counter) is to be administered in a school setting, the requirement for prescription medication will apply (with the exception of Tylenol/Motrin).

The required permission form is printed on reverse side.

Please contact the school nurse if you have any questions.

Date: 7/24/13



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Dr. Jacqueline Kaari  
Chief Medical Inspector

**CHERRY HILL PUBLIC SCHOOLS**  
**Cherry Hill, New Jersey**

**Permission Slip**

I request the enclosed medication, in the original container, to be administered to my child and shall release school personnel from all liability.

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dosage: \_\_\_\_\_

Purpose: \_\_\_\_\_

Signature Parent/Guardian: \_\_\_\_\_

Phone - Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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**TO BE FILLED IN BY SCHOOL NURSE ONLY:**

Prescription #/Medication: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Pharmacy Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

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**TO BE FILLED IN BY PHYSICIAN ONLY: (With the exception of Tylenol & Motrin)**

Name of Patient: \_\_\_\_\_

Name of Medication/Prescription: \_\_\_\_\_

Dosage: \_\_\_\_\_

Purpose: \_\_\_\_\_

Comments: \_\_\_\_\_

Name of Physician (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Include medication prescribed by a physician and all "over the counter" medication except Tylenol and Motrin.