



NAME OF STUDENT: \_\_\_\_\_ LC \_\_\_\_\_

**MEDICATION POLICY FOR THE CHERRY HILL ENVIRONMENTAL EDUCATIONAL RESIDENCY PROGRAM**

- All medications including over the counter medications require a doctor's written order.
- The only exception is Acetaminophen (Tylenol) and Ibuprofen (Advil or Motrin) which can be given with the permission of a parent/guardian.
- All medication must be labeled clearly and be brought by a PARENT/GUARDIAN to the school nurse at least one week BEFORE the day of departure.
- Medications **MUST** be in the original pharmacy bottle with the label intact. Do not include extra doses. It must be in a large ziplock bag with the student's name, LC and date of trip.
- **ONLY ONE MEDICATION SHOULD BE LISTED IN EACH PHYSICIAN ORDER AREA.** See sample in packet. Additional sheets can be obtained from the nurse's office or downloaded off the nurse eboard.

**1. PRESCRIPTION/OVER THE COUNTER MEDICATIONS:**

I request the enclosed medication to be administered to my child according to the physician's written orders which will accompany the medication.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

**PHYSICIAN'S ORDERS (please print)**

Name of Student: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage and Time: \_\_\_\_\_

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

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

**2. PRESCRIPTION/OVER THE COUNTER MEDICATIONS:**

I request the enclosed medication to be administered to my child according to the physician's written orders which will accompany the medication.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

**PHYSICIAN'S ORDERS (please print)**

Name of Student: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage and Time: \_\_\_\_\_

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

PHYSICIAN'S SIGNATURE: \_\_\_\_\_