Richard Butler Mlddle School

Butler Public Schools

3 Pearl Place Butler, NJ 07405 973-492-2079 www.butlerboe.org/rbs #smalltownbigheart #bdogpride



Mrs. Michelle Papa, Principal mpapa@butlerboe.org

•	ICATION ADMINISTRATION BY A SCHOOL NURSE Date of Birth
Parent/Guardian's Name	Phone#
Date	
To Be Completed by Physicia	
•	student has the illness specified below, is physically fit to attend
_	s disease. I further certify that the student will not be able to is not administered during school hours.
attend school if the medication	is not administered during school nours.
Name of Illness/Disease/Cond	ition
Name and Purpose of Medicat	ion
Prescribed Dosage and Time to	be Taken
Date and Time When Medicati	on Should be Discontinued
Possible Side Effects	
Physician's Name (Print)	Physician's Signature/Stamp
Telephone number	Date
To Be Completed by Parent/0	Guardian:
•	Iminister the medication listed above.
Parent Signature	Date

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Medication Policy

The following procedure must be followed if your child requires **any** type of medication during school hours.

- Obtain a Physician's order. **All Medications**, even over-the-counter medications, require a doctor's order.
- Medication administration by a school nurse form must be completed by the doctor and parent/guardian.
- The Physician's order <u>must be renewed every school year.</u>
- The parent/guardian must deliver the medication to the school nurse. Under no circumstances can medications be transported to school by the student. The medication will not be accepted. The student is not allowed to carry medication to school.
- All medications must have the correct and current pharmacy label for the child. (must match physician order form).
- *If the student* requires any medication for a short period of time these rules must be followed.
- Do not give the student a single pill to carry to school, to take in school.
- Over-the-counter medications must be in their original- sealed container.
- All medications must be picked up before or on the last day of school in June.