



# HOLY TRINITY SCHOOL



PreK 2 to Grade 8

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## Medication Administration Policy

Dear Parents & Guardians,

The following information is offered to inform you of the school policy on medication administration.

Holy Trinity School strongly discourages the administration of either prescription or “over the counter” medication in school or on field trips. However, if it is absolutely essential that a student receive medication while under school supervision, the following procedures apply:

### Procedures:

1. The parent/guardian must complete a written request for the authorization to administer prescribed medication at school and have it signed by a physician.  
**(Medication Administration Authorization form)**
2. Written orders are to be provided to the school by the private physician detailing the diagnosis or type of illness involved, the name of the drug, dosage, time of administering and length of treatment (weeks, months or school year) and the possible side effects. If the medication is to be given on a “PRN” or as needed basis, the order must clearly describe the conditions under which the medication is to be used.
3. Over the counter medication (non-prescription medication) **will not** be given in school without a doctor’s order. This includes Tylenol, Advil, Motrin, cough drops, etc. Routine administration of over the counter medication is discouraged unless medically necessary.
4. The medication to be administered should be brought to the school in the original container – clearly labeled by the pharmacy with the student’s name and directions for administering.
5. The school nurse or parents are the only persons permitted to administer medication in school.
6. On school trips, medication can only be administered by a parent/guardian. School staff cannot assume this responsibility even if authorized to do so by the parents.
7. The school nurse shall maintain the records or documentation for administering medication to students.
8. Students will be permitted to self-administer medication only for life-threatening illnesses or conditions. The parent/guardian and the student’s physician must complete and sign an Authorization for Self-Administration of Medication form. This form is available from the nurse.