

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 given to the school nurse 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.
- **ONE MEDICATION FORM SHOULD BE USED FOR EACH MEDICATION.** 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: _____