

Student Name: _____ Date of Birth: _____

Medication Permission for Liberty Science Trip

Cherry Hill District Policy and NJ State Law require that all medication must be administered by a nurse. **ONLY medically necessary medications** will be administered by the nurse on the trip. ***Keep in mind that we are at a museum and there is not a private medical area to administer medication.***

- 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 (see below)
- All medication must be labeled clearly and given to the school nurse by **Friday, February 15th.**
- Medications **MUST** be in the original pharmacy bottle with the label intact. Do not include extra doses. It must be in a ziplock bag with the student's name.
- **One medication form** should be used for **EACH** medication. If additional forms are needed, please contact Angela Mooney at x3317.
- If you child already has an Asthma Action Plan and/or orders for Epinephrine, you do NOT need to provide new orders. They can continue to self-carry their medication.

The nurse has my permission to administer a weight based dose of (**CHOOSE ONLY ONE**):

_____ Acetaminophen

_____ Ibuprofen

_____ I do **NOT** want Acetaminophen or Ibuprofen given to my child.

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

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 _____ DATE: _____

PHYSICIAN'S ORDERS (please print)

Name of Student: _____

Diagnosis: _____

Medication: _____

Dosage and Time: _____

PHYSICIAN'S SIGNATURE: _____

MEDICATIONS WILL NOT BE ACCEPTED THE MORNING OF THE TRIP