

CHERRY HILL PUBLIC SCHOOLS ENVIRONMENTAL EDUCATIONAL RESIDENCY PROGRAM  
Health Information Form

Student information: Week attending Mt. Misery (circle one): 11/12 11/19 12/10

Student's last name Student's first name Date of birth LC/Advisor

Street address Home phone

Parent/Guardian information:

Name Relationship Primary day time phone Primary evening phone

Name Relationship Primary day time phone Primary evening phone

Emergency contact information:

List two nearby neighbors or relatives who would assume responsibility for your child if we cannot reach you:

Name: Phone: Relationship:

Name: Phone: Relationship:

Medical information:

Please complete the items listed below. If not applicable, please put "N.A" on the line provided.

1. Student's Physician: \_\_\_\_\_  
Name Phone number

2. Date last tetanus booster was given: \_\_\_\_\_

3. List any allergies to foods, medications, insect bites, etc. \_\_\_\_\_

4. Has the student been exposed to any illness in the past month? If so, what was the illness and when? \_\_\_\_\_

5. Please comment if there is any additional information that we should be aware of so that your child's experience can be successful. \_\_\_\_\_

6. My child will require **medication** while at Mt. Misery \_\_\_ NO \_\_\_ YES  
If yes, is the physician order is attached \_\_\_\_\_ or pending \_\_\_\_\_ (Please note that the physicians order and medication **must be received at least 1 week prior to the trip**)

7. **MEDICAL EMERGENCY:**  
In the event I cannot be reached, I hereby give my permission to the physician selected by the school to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child. I understand that every effort will be made to contact the parent/guardian and the physician of the participant.  
**NJ State Law requires that this statement be signed for admittance to the environmental resident facility.**

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

# \* SAMPLE \*

NAME OF STUDENT: John Smith LC 1

## 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 Carol Smith

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

Name of Student: John Smith

Diagnosis: allergies

Medication: Xyzal

Dosage and Time: 5mg at bedtime

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

PHYSICIAN'S SIGNATURE: Dr. Jones MD

### 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 Carol Smith

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

Name of Student: John Smith

Diagnosis: hives

Medication: Benadryl

Dosage and Time: 25mg every 6 hrs. as needed

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

PHYSICIAN'S SIGNATURE: Dr. Jones MD

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

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- **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.

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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: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Cherry Hill Public Schools

ACETAMINOPHEN/IBUPROFEN AUTHORIZATION FORM

School Year: \_\_\_\_\_

New Jersey State law allows for the administration of acetaminophen (Tylenol) and/or ibuprofen (Advil/Motrin) at school. The medication dosage will be based on your child's weight and be administered by the School Nurse in accordance with the establish protocols developed by the school physician. In order for your child to receive this medication at school, this form must be completed and signed each school year. **NO VERBAL PERMISSION WILL BE ACCEPTED.**

**Please note:** Only one dose will be given per school day and will not exceed two doses per week.

If you anticipate that your child may require a different dose to achieve analgesic relief or may require acetaminophen or ibuprofen more than twice per week, then you must obtain an order from your child's physician (see Consent for Prescribed Medication).

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade/Team/Graduation Year: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to receive

Acetaminophen

Ibuprofen

I do NOT give permission for my child to receive Acetaminophen or Ibuprofen at school.

I understand that a generic equivalent may be used. I understand that the dosage administered will be a weight-based dose in accordance with the established protocols developed by the school physician and in accordance with the Cherry Hill Public School medication policy. I understand that a maximum of one dose can be given per school day and will not exceed two doses per week.

**MEDICATION HISTORY:**

Is your child allergic to any medication?  Yes  No

If yes, please list the medication (s) and type of reaction: \_\_\_\_\_

Does your child take any prescription or over the counter medication on a regular basis?  Yes  No

If yes, please list: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_



Dr. Eric Requa, School Medical Director, Cherry Hill Public Schools

Date: 3/28/19

# Cherry Hill Public Schools

Cherry Hill, New Jersey

## PROCEDURE FOR ADMINISTRATION OF ACETAMINOPHEN AND IBUPROFEN

Acetaminophen and Ibuprofen are administered from the health office by the school nurse.

Acetaminophen and Ibuprofen dosage will be calculated based on the child's weight (chart below) and be administered in accordance with the established protocols developed by the school physician.

School nurse is permitted to administer *one dose per school day not to exceed two doses per week*.

Parent/Guardian will provide a written order from their child's health care provider should a different dose or frequency be indicated (See policy for administration of medication).

Parent/Guardian must complete the Acetaminophen/Ibuprofen authorization form each school year. Incomplete forms will be returned to the parent/guardian for proper completion.

*Verbal permission will not be accepted as consent for administration of Acetaminophen/Ibuprofen.*

### Dosing Chart

Child's Weight	Acetaminophen Dose	Ibuprofen Dose
18-23lbs	120mg	80mg
24-35lbs	160mg	1 Offing
36-47	240mg	150mg
48-59lbs	320mg	200mg
60-71lbs	325mg tablet or 400mg (chewable/liquid)	250mg
72-95lbs	480mg (chewable/liquid) or 500mg tablet	300mg
Over 95lbs	650mg	400mg

### Resources:

<https://www.healthychildren.org/English/safety-prevention/at-home/medication-safetly/Pages/Acetaminophen-for-Fever-and-Pain.aspx>

<https://www.healthychildren.org/English/safety-prevention/at-home/medication-safetly/Pages/Ibuprofen-for-Fever-and-Pain.aspx>



Dr. Eric Requa Virtua Sports Medicine

Date: 3/28/19