

Ockanickon Trip
Guidelines for Medication Administration

1. General Information:

- NJ State Laws stipulates that medication for students while on a field trip may only be administered by an appropriately licensed nurse or the parent or legal guardian of the student.
 - ❖ The student **CANNOT** carry or self-administer any medication (**except as noted below*).
 - ❖ Staff members not licensed as a nurse **CANNOT** administer a student's medication.

**If a student has an Asthma Action Plan that allows them to carry their own inhaler they may continue to do so while on the trip.*

- **A Registered nurse will be at the camp from 5:30pm to 9:30pm evening to administer nighttime medication.**

2. Guidelines for Medication Administration

For students requiring evening/nighttime and/or morning medications:

- In accordance with NJ State Law, and The Y.A.L.E. School Policy (2060-2017 Student/Parent Handbook, page 13), any student who must take medication during school hours must have a parent/guardian bring the following to school:
 1. A written request from the parent and physician (attached is the appropriate form to be filled out).
 2. The medication **MUST** be in the original, individually labeled prescription bottle (even if it is just one pill).
 3. The medications must be brought to the school by a parent/guardian or mailed to the school via FedEx or US mail.
 4. The student **CANNOT** carry the medication with him/her on the school bus.
 5. The medication bottle you provide to the nurses office will be returned home with the student after he/she takes his/her medication.

NOTE: A parent/guardian can come to the school in the morning to administer morning medication to his/her child if this approach is preferred.

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Parent Acknowledgments

Nighttime Medications

I, _____ (parent/guardian) have read and understand the Guidelines for Medication Administration in relation to the overnight Ockanickon field trip and I will provide the medications and appropriate forms for my child to receive medication at night from the on-site registered nurse.

Morning Medications

(Please Initial Next to Selected Choice)

_____ I have read and understand the Guidelines for Medication Administration as they relate to Thursday morning medications and **will provide the medications** and appropriate forms for my son/daughter to receive medication in the morning. Upon submission of the medication and appropriate documentation, the school nurse will administer the medications in the morning.

_____ I have read and understand the above guidelines for morning medications and **I will not be providing morning medication** to my son/daughter. I understand he/she will not be receiving medications that normally would have been administered in the morning prior to the school day.

_____ I plan to visit YALE school the morning following the overnight field trip and will administer the medications personally. Should I elect not to administer the medications personally, I accept and acknowledge that my child will not receive the medications that would otherwise have been administered in the morning prior to the start of the school day.

Irrespective of any option selected above, I acknowledge that I am responsible for consulting with a physician for appropriate advice concerning the delay of administration of all medications, and assume full responsibility for any impact that such a delay may have on my child.

Student Name

Parent/Guardian Name (Print)

Date

Parent/Guardian Signature