

### Mount Misery Medication/Health Information

1. A nurse will be at the camp 24 hours a day. The camp nurse must administer *all* medications. However, if a student has a life-threatening medical condition she/he may self-carry his Asthma Inhaler or an Epi-Pen for an allergic reaction to Bee Stings, Latex or Food Allergies. All appropriate paperwork must be completed and on file with the nurse.
2. Place all medications in a plastic bag. Please make sure the bag is labeled: CHILD NAME, TEAM NUMBER and DATE OF TRIP to Mt. Misery.
3. All medications must be in their properly labeled prescription bottles.
4. All over the counter medications (Tylenol, Advil, and Benadryl) must also be in their properly labeled containers. Vitamins must be in their properly labeled bottles.
5. The nurse cannot dispense any loose pills or tablets.
6. All BAGS OF MEDICATIONS must be brought into the NURSE one week before your child's trip.
7. All Medications including over the counter medicines require a doctor's order with the *exception* of Acetaminophen (Tylenol) and Ibuprofen (Advil or Motrin) require written permission from a parent/guardian. All orders should be legible and clear as to how and when.
8. Please make sure you fill out the Health Information Form: A) Last date of Tetanus shot. B) Allergies to foods or medications etc. C) Has your child been exposed to any illnesses recently such as chickenpox, strep throat, etc?

## Mount Misery Medication/Health Information

---

9. Make sure you sign on the line with your signature under Medical Emergencies. This will allow teachers and nurse to take your child to the closest hospital and begin treatment. Of course the parents will be called immediately if any serious health issues arise.
10. A **Nebulizer** for asthma treatment is available at camp. If a nebulizer treatment is needed, send in the proper tubing and mouthpiece along with the prescribed medication and Doctor's Order.
11. Please share any concerns you may have about your child. Some children sleepwalk or may become very homesick. This should be noted on the Health Information Form.
12. Please place your medication Forms into the Plastic Medication Bag so they are not lost.
13. The Beck nurse or the Team Teacher will return all medications to the parents upon arrival at school after the trip. *Please pick up your child's medications when you pick your child up from the Mt. Misery trip.*

CHERRY HILL PUBLIC SCHOOLS  
ENVIRONMENTAL EDUCATION PROGRAM

HEALTH INFORMATION FORM

Date: \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

FATHER'S BUSINESS ADDRESS \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

MOTHER'S BUSINESS ADDRESS \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

NAME OF FAMILY DOCTOR \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

EMERGENCY CONTACTS (PLEASE PROVIDE 2)

1. \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

2. \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

Please complete the items listed below. In not applicable, please indicate with N/A

1. Immunization – last date tetanus booster was given: \_\_\_\_\_

2. List any allergies; food, medication, insect bites, etc. \_\_\_\_\_

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

**4. MEDICAL EMERGENCY:**

In the event that 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 every effort will be made to contact the parent/guardian and physician of the participant.

(New Jersey State Law requires that this statement be signed for admittance to the environmental resident facility.)

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

5. Please provide additional information about your child.  
\_\_\_\_\_

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

**MEDICATION POLICY FOR ENVIRONMENTAL EDUCATION**

All medication must be labeled clearly and given to the building nurse one week before the day of departure.

All Medications including over the counter medicines require a doctor's order with the exception of Acetaminophen (Tylenol) and Ibuprofen (Advil or Motrin) which require written permission from a parent/guardian. Medicines must be in the original pharmacy bottle with the label intact. Do not include extra doses.

1. **PRESCRIPTION DRUGS**

I request the enclosed medication to be administered to my child according to the doctor's written orders which will accompany prescription drugs (Additional Rx sheets available from the nurse).

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

**DOCTOR'S ORDERS**

Name of Patient \_\_\_\_\_

Diagnosis \_\_\_\_\_

Dosage and time \_\_\_\_\_

Name of Medication: \_\_\_\_\_

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

Doctor's signature \_\_\_\_\_

**DOCTOR'S ORDERS**

Name of Patient \_\_\_\_\_

Diagnosis \_\_\_\_\_

Dosage and time \_\_\_\_\_

Name of Medication: \_\_\_\_\_

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

Doctor's signature \_\_\_\_\_

# CHERRY HILL PUBLIC SCHOOLS

## ACETAMINOPHEN/IBUPROFEN AUTHORIZATION FORM

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

The New Jersey State law allows for the administration of acetaminophen (Tylenol) and/or ibuprofen (Advil/Motrin) at school. The orders for these medications are from the Cherry Hill District Medical Director. The medication doses are based on your child's weight. The doses are listed below. These doses are to be administered once during the school day. In order for your child to receive the medication you must complete the bottom of this medication permission form. *No verbal permission will be accepted.* This medication permission form will be valid for one school year. If your child should require a different dose to achieve analgesic relief, then you must obtain a physician's order.

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

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

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

I give permission for my child \_\_\_\_\_ to receive ibuprofen or acetaminophen (please circle one or both) when deemed necessary by the Registered Nurse/School Nurse. Dosage will be calculated based on my child's current weight according to the chart below. I understand that a generic equivalent may be used. I understand that the above medications I have circled will be administered by the Registered/School Nurse in accordance with the established protocols developed by the District School Physician and in accordance with the Cherry Hill Public School medication policy.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Weight	Acetaminophen Dose	Ibuprofen Dose
18 to 23 lbs.	80 mg	50 mg
24 to 35 lbs.	120 mg	100 mg
36 to 47 lbs.	160 mg	150 mg
48 to 59 lbs.	240 mg	200 mg
60 to 71 lbs.	320 mg or 325 mg	250 mg
72 to 95 lbs.	325 mg or 400 mg	300 mg
Over 95 lbs.	480 mg or 500 mg	400 mg

Only one dose is to be administered during a school day of either medication.

Dr. Jaqueline Kaari  
Chief Medical Inspector

Jaqueline M. Kaari MD

Date: 4/28/14

