

WEST DEPTFORD TOWNSHIP PUBLIC SCHOOLS OFFICE OF THE SCHOOL NURSE

SELF MEDICATION PERMISSION FORM

Student Name: _____ Date of Birth: _____

Name of School: _____ Effective for School Year _____

PHYSICIAN CERTIFICATION

I certify that the above named student has Asthma, Diabetes, or Anaphylactic reaction to insect bites.

DIAGNOSIS: _____

MEDICATION TO BE SELF ADMINISTERED: _____

DOSAGE: _____ ROUTE: _____ FREQUENCY: _____

LENGTH OF TIME (Not to exceed the current school year): _____

I certify that the above named student is capable of and has been instructed in the proper method of self-administration of the medication prescribed above.

PHYSICIAN NAME (print): _____ PHONE # _____

PHYSICIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN PERMISSION

As the parent/guardian of the above named student, I hereby give my permission for my child to self-administer his/her medication as prescribed by the above-signed physician.

PARENT/GUARDIAN NAME (print): _____ PHONE # _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

RELEASE

I, the parent/guardian of _____, have previously advised the West Deptford board of Education that my child has _____. This illness/condition does require that he/she take medication. My son/daughter is capable of administering the above-prescribed medication and has been instructed in the proper method of taking the medication by himself/herself.

I hereby authorize the Board of Education to allow my child to self-administer this medication. I have been advised by representatives of the Board of Education that the Board of Education shall not be responsible for any liability or resulting injury to my son/daughter arising from the self-administration of medication. I hereby agree to indemnify and hold harmless the Board of Education, its agents, servants, and/or employees from any liability relating to or resulting from the self-administration of medication by my child.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

- **The student is responsible for informing the nurse EACH time the medication is administered.**