

River Dell Regional Board of Education

230 Woodland Avenue
River Edge, NJ 07661

ADMINISTERING MEDICATION – (By Student)

Part I – Self-Medication Permission Form (to be completed by parent/guardian)

This information sets forth parent/guardian responsibilities regarding the self-administering student and also meets the requirements set forth in N.J.S.A. 18A:40-12.3(a)(3) that a Board of Education must inform parents/guardians of the self-medicating student that it will incur no liability as a result of any injury arising from the student's self medication.

A new authorization is to be submitted each school year.

General Instructions

1. A current, pre-filled auto-injector mechanism for epinephrine must be provided to the school for your child's use. All antihistamines, glucagon and/or other medication must be brought to school by the parent/guardian and be provided in the original container. Parents/guardians are responsible for replacing all expired medication.
2. The parent/guardian is responsible for having the attached Medical Certification completed by the student's treating physician.
3. This form must be completed every school year.
4. Please be advised that the River Dell Regional Board of Education and its employees or agents, including the school nurse and any delegates, shall incur no liability as a result of any injury arising from the administration of medication to student, the self-administration of medication by a student, the administration of epinephrine via a pre-filled auto-injector mechanism, and/or the administration of glucagon.

My child, _____, who attends grade _____ at the _____ School has asthma, another potentially life-threatening illness, or a life-threatening allergic reaction. Therefore, I request that my child be allowed to self administer medication during school hours as prescribed by his/her physician. I hereby certify that my child is capable of, and has been instructed in, the proper method of self administration of medication by his/her health care provider.

I understand and acknowledge that the River Dell Regional Board of Education and its employees and/or agents, including the school nurse and any delegates, shall incur no liability as a result of any injury arising from the administration of medication to my child, the self-administration of medication by my child, the administration of epinephrine to my child via a pre-filled auto-injection mechanism, or the administration of glucagon to my child and agree to indemnify and hold harmless the River Dell Regional Board of Education and its employees and agents, including the school nurse and delegates, against any and all claims arising from the administration of medication to my child, the self-administration of medication by my child and/or the administration of epinephrine to my child via a pre-filled auto-injector mechanism, or the administration of glucagon to my child.

Signature of Parent/Guardian

Please Print Name

Date

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ADMINISTERING MEDICATION – (By Student)

Part II – Medical Certification

(to be completed by prescribing health care provider)

Name of Student: _____

Name of Medication: _____

Dosage: _____

Frequency and Directions: _____

_____ I certify that the above-name student has: Asthma, or
 a potentially life-threatening illness, or
 a life-threatening allergy
and is capable of, and has been instructed in, the proper method of self-administration of the following
medication: _____.

_____ I certify that the above-named student requires the administration of epinephrine for anaphylaxis.

_____ I certify that the above-named student requires the administration of glucagon for severe hypoglycemia.

Signature of Health Care Provider

Please Print Name

Street Address

City, State, Zip Code

Telephone

Date