

Self Administration Medication Form

This form is used for self administration medication such as asthma inhalers, epi-pens, and insulin.



PALMYRA HIGH SCHOOL

311 West Fifth Street
Palmyra, New Jersey 08065
(856) 786-9400 Fax (856) 786-3014
"Excellence in Education"

STUDENT MEDICATION PERMISSION FORM

The Palmyra School District requires that:

- 1) medication be permitted in school only when failure to take such medicine jeopardizes the health of the student;
- 2) written request of the parent/guardian, who shall give permission for the medication AND relieve the school board and its employees of liability for administration of such medication;
- 3) written order of the prescribing physician;
- 4) medication be brought to school and picked up by the parent/guardian. Medication must be in the original container, properly labeled (according to law) by a pharmacist.

All medication shall normally be administered by the school nurse.

Name of Student: _____

TO BE COMPLETED BY A PHYSICIAN

Name of medication: _____

Specific time(s) and Dose(s) to be given at school: _____

Length of time medication is prescribed: _____

Possible side effects: _____

Self-administration of medicine shall be limited to the use of inhalers or epipens. I hereby certify that this student suffers from _____ (a potentially life threatening condition); has been trained in the use of _____ (name of inhaler/epipen), and is capable of self-administration of this medication for the _____ school year.

Printed Name of Physician _____ Signature of Physician _____

Phone _____ Date _____

TO BE COMPLETED BY PARENT

I give permission for my child to receive the above medication as directed, and relieve the Palmyra Board of Education and its employees of liability for administration of such medication.

Signature of Parent/Guardian

Date

I am requesting that the Palmyra Board of Education give my child permission to carry and use _____ (name of inhaler/epipen). I relieve the Palmyra Board of Education and its employees of all liability and will provide an additional inhaler/epipen (identical to the one this child is authorized to carry), which shall be retained by the school nurse.



CHARLES STREET SCHOOL

100 W. Charles Street Palmyra, New Jersey 08065

Phone (856) 829-3601 Fax (856) 303-0481

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All medication shall normally be administered by the school nurse.

Name of Student: _____

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Printed Name of Physician _____ Signature of Physician _____

Phone _____ Date _____

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