

Little Falls Township Public Schools
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Permission Form for Prescribed and Non-Prescribed Medication

Student: _____ Date of Birth: _____ today's Date: _____
Grade: _____ Teacher: _____

To be completed by the physician or authorized prescriber

Name of medication: _____

Reason for medication: _____

Dose & Frequency of medication/treatment: _____

Form of medication/treatment:

Tablet/capsule Liquid Inhaler Injection Nebulizer Other

Instructions (Schedule and dose to be given) _____

Start: date form received Other date: _____

Stop: end of school year Other date/duration: _____

For episodic/emergency events only

Restrictions and/or important side effects: None anticipated

Yes -Please describe: _____

Special storage requirements: None Refrigerate

Other: _____

*This student is both capable and responsible for self-administering this medication:

No Yes-supervised Yes-unsupervised

This student may carry and self administer this medication: No Yes- (if "yes", please supply back-up med to school, incase student forgets/loses his/her medication)

Parent initial _____

*Only students diagnosed with asthma may obtain permission to carry and self-administer medication prescribed for that disease.

Please indicate if you have provided additional information:

Date: _____ **Doctor's signature** _____

Physician's Name: _____

Address: _____

Telephone Number: _____

To the school: Please report concerns about medications or disease to the above physician.

To be completed by parent/guardian:

I give permission for (name of child) _____

to receive the above medication at school according to standard school policy.

(All medication administered by a New Jersey Certified School Nurse must be in its original container.)

Date: _____ Parent/Guardian Signature: _____ Relationship: _____

The Parent/Guardian acknowledges by signing this form that the district and its employees shall incur no liability as a result of any injury arising from the self-administration by the pupil and the parents/guardians shall indemnify and hold harmless the district and its employees against any claims arising out of the self administration by the pupil... Any person who acts in good faith in accordance shall be immune from any civil or criminal liability arising from actions pursuant to this act. N.J.S.A. 18A:40-12.3

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