

**Little Falls Township Schools
School No. 1**

Little Falls, NJ 07424
(973) 256-1033
FAX: (973) 785-4857

Permission Form for Prescribed and Non-Prescribed Medication

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

To be completed by the authorized Healthcare Provider

Name of medication: _____
Reason for medication: _____

Dose & Frequency of medication/treatment: _____

Form of medication/treatment:
 Tablet/capsule Liquid Inhaler Injection Nebulizer Other

Instructions: Dose and schedule to be given

Start: date form received other start date: _____
Stop: end of school year other end 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 nurse, incase student forgets/loses his/her medication) **Parent initials** _____

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

Please check if you have provided/attached additional information:

Healthcare Providers Name: _____
Address: _____
Telephone Number: _____

Healthcare Providers signature: _____ Date: _____

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

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