

Netcong Elementary School
Authorization for Self-Medication

Student's Name _____ Grade _____

Medication & Dosage _____

Indications for administration: _____

Note to parents/Guardians:

The Netcong School District requires that all students who need medication during school hours must do the following:

1. Present a written consent form signed by the parent or legal guardian and physician.
2. Bring the medication in the original prescription container, properly labeled by a registered pharmacist as prescribed by law.
3. Students are permitted to self-administer medications only for asthma and other life threatening illnesses, and only with written certification of the physician and approval of the school nurse.
4. Students who are permitted to self-medicate are allowed to carry the medication at all times provided the student does not endanger himself or other persons through misuse.

Parental Consent:

I give permission for my child _____ to self-administer the above named medication. I understand that Netcong School, the board of education, and its employees shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil.

Parent's Signature _____ Date _____

Physician's Certification:

The above named student has asthma or other life-threatening illness and may require medication administration during the school day. He/she has been instructed in the administration of the above medication and is capable of administering the medication without supervision. This medication, if ingested by someone other than the student, will not cause severe illness or death.

Physician's Signature _____ Date _____

Physician's Stamp _____ Phone _____

This authorization is effective for the current school year only and must be renewed for subsequent school years.