

ELMWOOD PARK SCHOOL DISTRICT

**Medication To Be Taken During School Hours**

**To be completed by parent/guardian:**

Child's Name \_\_\_\_\_  
Last First Sex Date of Birth

Physician's Name and Address \_\_\_\_\_

I request that my child be assisted in taking medications described, at school, by authorized persons.

\_\_\_\_\_  
Parent/Guardian Signature Date

**The following is to be completed by the physician:**

Diagnosis for which medication is to be given \_\_\_\_\_

Name of Medication \_\_\_\_\_

Form \_\_\_\_\_

Dose \_\_\_\_\_

If medication is to be given daily, at what times: \_\_\_\_\_

If medication is to be given when needed, describe indications \_\_\_\_\_

How soon can it be repeated? \_\_\_\_\_

Is child authorized to self- administer medication? \_\_\_\_\_

List significant side effects \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date Physician Signature Office Phone Number

ELMWOOD PARK SCHOOL DISTRICT

STATEMENT OF INDEMNIFICATION

In accordance with the provisions of N.J.S.A. 18A:40-12.6.d, no school employee, including a school nurse or any other officer or agent of a Board of Education or a physician or an advanced practice nurse providing a prescription under a standing protocol for school epinephrine pursuant to N.J.S.A. 18A:40-12.5 and/or hydrocortisone sodium succinate pursuant to N.J.S.A. 18A:40-12.29, shall be held liable for any good faith act or omission consistent with the provisions of N.J.S.A. 18A:40-12.5 and N.J.S.A. 18A:40-12.29, nor shall any action before the New Jersey State Board of Nursing lie against a school nurse for any such action taken by a person designated in good faith by the school nurse pursuant to N.J.S.A. 18A:40-12.6.d and N.J.S.A. 18A:40-12.33

I authorized the school nurse/principal/administrator to contact my primary health care provider on any questions related to my child's care. I also authorize the school nurse, substitute nurse or delegate to administer the medication to my child during regular school hours and at other times when my child is participating in a school sponsored event. I authorize my child to engage in self-administration if appropriate. I understand that the district, school, school nurse, substitute nurse and delegates shall incur no liability as a result of any injury arising from the administration of their medication; and that I will indemnify and hold harmless the Elmwood Park Board of Education, the Elmwood Park School District, and their employees, school nurse, substitute nurse and delegates against any claims arising from the administration to my child.

\_\_\_\_\_  
**NAME OF MEDICATION/DOSE**

\_\_\_\_\_  
**Child's Name**

\_\_\_\_\_  
**Grade**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**