Newgrange School
An extraordinary place to learn

The Laurel School
of Princeton

Self-Administration of Medication Request Form

N.J.S.A. 18A: 40–12.3 et seq. (*Asthma Inhalers and Epi-pens Only*)

Student Name: _____ Date of Birth: _____

Parental Request

I, the parent/guardian of _____, authorize the principal and the school nurse to permit my child to self-administer the prescribed medication as indicated. I understand and agree that the school, school nurse, and principal shall incur no liability because of any injury arising from the self-administration of medication by my child and I hold harmless the school, school nurse, and principal against any claims arising out of the self-administration of medication by the student. ***Medication must be submitted in the original pharmacy-labeled bottle***

_____ _____

Signature of Parent/Guardian Date

Physician Request

To protect the health of _____ it is necessary for him/her to have the following medication during school hours:

Medication: _____ Dose: _____

Route: _____ Time: _____

Diagnosis/Purpose of Medication: _____

Possible Side Effects: _____

Start Date: _____ End Date: _____

_____I request that the student be allowed to carry and self–administer the prescribed medications. I certify that the student understands, has received instruction in, and is capable of self–administration.

_____ _____ _____

Physician Signature Physician Name (printed) Date

_____ _____

Physician Address Phone

School Nurse Signature: _____ **Date**: _____

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