

DOWNE TOWNSHIP ELEMENTARY SCHOOL

Health Office

220 Main Street, Newport, NJ 08345
Tel: 856-447-4673 Fax: 856-447-3005

Nurse Administration of Medication

School Year _____

School Name: Downe Township Elementary School

School Phone Number: (856)447-4673

School Fax Number: (856)447-3005

School Nurse: Giulia Sacco-McCord RN BSN Certified School Nurse

PARENT / GUARDIAN CONSENT FOR ADMINISTRATION OF MEDICATION, WAIVER OF LIABILITY & AGREEMENT AND TO INDEMNIFY

Student's Name: _____ Birthdate: _____

Grade: _____ Teacher's Name _____

___ Requires the nurse to dispense **non-emergency prescribed medication** as specifically prescribed by student's physician.

___ Requires **emergency medication** to be administered by school nurse as specifically prescribed by student's physician

___ student has asthma or other life-threatening illness. Physician must supply school nurse with asthma emergency treatment plan, including triggers,

Or

___ student has life-threatening allergy (ie. Food or bee sting) that could result in anaphylaxis.

Or

___ student has seizures which are life-threatening and may require the use of student's prescribed Emergency Medication per student's seizure action plan (ie. Diastat, Clonazepam wafer)

As to all medications, we understand that a physician or nurse practitioner must request administration by specifying drug, stating the condition or diagnosis for which the medication is needed, the dosage, times, circumstances for dispensing the medication and any contraindications. In case of epinephrine, a physician or nurse practitioner must state that it is for

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anaphylaxis. We understand that if dispensing of medication is permitted, it is our obligation to provide the school with properly prescribed dosages which are current and that we, as parents/guardians are obligated to make sure the school has current, unexpired, and pharmacy labeled medication.

We acknowledge and understand that no other person at, or affiliated with the school is authorized to dispense medication to our child with the only exception of emergency administration of epinephrine for anaphylaxis. A designee will be appointed and trained to administer epinephrine in case of an emergency. We understand, if epinephrine is administered, our child will be immediately transported to the hospital. It is our obligation to provide the school with working telephone numbers where we can be reached at all times. It is our responsibility (not the school's responsibility) to tend to our child once the emergency medical squad leaves the school.

WE UNDERSTAND THAT THE SCHOOL AND ITS EMPLOYEES AND AGENTS SHALL INCUR NO LIABILITY AS A RESULT OF ANY INJURY ARISING FROM THE ADMINISTRATION OF MEDICATION TO THE STUDENT. WE UNDERSTAND THAT THE SCHOOL, EMPLOYEES, AFFILIATED INDIVIDUALS, AND AGENTS SHALL INCUR NO LIABILITY AS A RESULT OF ANY INJURY ARISING FROM THE ADMINISTRATION OF MEDICATION TO THE STUDENT, INCLUDING EPINEPHRINE VIA A PRE-FILLED, AUTO-INJECTOR MECHANISM. WE AGREE TO INDEMNIFY AND HOLD HARMLESS THE SCHOOL, ITS EMPLOYEES, AFFILIATED INDIVIDUALS AND AGENTS AGAINST ANY CLAIMS ARISING FROM ADMINISTRATION OF MEDICATION TO THE STUDENT, INCLUDING EPINEPHRINE VIA A PRE-FILLED, AUTO-INJECTOR MECHANISM.

Permission is effective for the school year for which it is granted and must be renewed each subsequent school year in accordance with New Jersey P.L. 2007, c.57.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____