BERKELEY HEIGHTS PUBLIC SCHOOLS
Berkeley Heights, NJ
AUTHORIZATION FOR MEDICATIONS ADMINISTERED DURING SCHOOL HOURS

PERMISSION FOR ADMINISTRATION OF MEDICATION

PARENT/GUARDIAN SECTION:

Name of Student_____ Date of Birth_____
Gr. / Teacher_____ Allergies_____
Legal Prescribers'/Physicians' Name_____
Address_____ Phone:_____

I request that my child receive the medication prescribed below during school hours as authorized by my physician.

Signature of Parent/Guardian_____ Date _____
Home Phone_____ Emergency Phone _____

LEGAL PRESCRIBER SECTION:

Diagnosis:_____
Medication_____ Route _____ Dose _____

- ❑ DAILY Time of Administration:_____
- ❑ PRN Describe indication(s) for administration:_____

Time interval for repeat dosage:_____
Side effects:_____
Intervention for adverse reactions: _____
Other information:_____

Date prescribed:_____ Date discontinued: _____

Signature of Legal Prescriber_____

***** Medication prescriptions are effective for one school year only and renewal is required annually. All forms must be on file in the Health office *before* medication can be administered.**

****Pages 1 and 2 are required for *all* medication administration orders.**
****Pages 1, 2, and 3 are required for *self-administration* medication orders.**

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Berkeley Heights, NJ
AUTHORIZATION FOR MEDICATIONS ADMINISTERED DURING SCHOOL HOURS

INDEMNIFICATION/HOLD HARMLESS AGREEMENT FOR ADMINISTRATION OF MEDICATION AND/OR EPINEPHRINE

The parent(s)/guardian(s) individually, and on behalf of the pupil, agree(s) to indemnify, defend and hold the school district, the Board of Education, its teachers, nurse(s), principal, agents, servant and employees harmless from any and all claims, actions, costs, expenses, damages and liabilities, including attorney's fees, arising out of, connected with or resulting from the administration of medication and/or epinephrine by or to the pupil. The parent(s)/guardian(s) individually and on behalf of the pupil agree(s) that the school district, Board of Education, its teachers, nurse(s), principal, agents, servants and employees shall incur no liability as a result of any injury, damages or expenses arising out of or connected with the administration of medication and/or epinephrine by or to the pupil.

This agreement shall take effect on the date listed below and shall stay in effect for as long as permission is provided for the administration of medication and/or epinephrine.

This agreement must be signed and be in full effect prior to the granting of permission to administer medication and/or epinephrine.

Name of Student_____Date of Birth_____

School _____

Name of Parent/Guardian _____

Signature of Parent/Guardian_____

Date of agreement _____

BERKELEY HEIGHTS PUBLIC SCHOOLS
Berkeley Heights, NJ
AUTHORIZATION FOR SELF-ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

PERMISSION FOR SELF- ADMINISTRATION OF MEDICATIONS

Name of Student_____ Date of Birth_____
Gr. / Teacher_____ Allergies_____

Legal Prescribers'/Physicians' Name (print)_____
Address_____ Phone:_____

LEGAL PRESCRIBER SECTION:

EPIPEN AND INHALER INSTRUCTIONS

I have instructed the above student in the use of his/her epipen and/or inhaler and he /she may carry the medication on his/her person and self- administer medication as instructed by me and prescribed on the *Authorization for Medication Administration During School Hours* form.

Legal Prescribers'/Physicians' Name (signature)_____
Date _____
*****Medication prescriptions are effective for one school year only and renewal is required annually. All forms must be on file in the Health office *before* medication can be administered.**

PARENT/GUARDIAN SECTION:

REQUEST FOR SELF-ADMINISTRATION OF EPIPEN OR INHALER

I request that my child be permitted to carry and self-administer his/her epipen or inhaler at school, as authorized by the legal prescriber/physician above. I accept full responsibility for making sure that my child carries the drug at all times.

INDEMNIFICATION/HOLD HARMLESS AGREEMENT FOR SELF-ADMINISTRATION OF MEDICATION

The parent(s) /guardian(s) agree(s) to indemnify, defend, and hold the school district harmless from any and all claims, action, costs expenses, damages and liabilities, including attorney's fees arising out of, connected with or resulting from the self-administration of medication by the pupil. The parent(s) / guardian(s) agree(s) to extend this indemnification/hold harmless agreement to the Board of Education, Board of Education employees, and its agents. The parent(s) / guardian(s) agree(s) the school district, Board of Education, Board of Education employees, and its agents shall incur no liability as a result of any injury arising out of or connected with the self-administration of medication by the pupil.

The agreement shall take effect on the date listed below and shall stay in effect for as long as the pupil is provided permission to self-administer medication. This agreement must be signed and be in full effect prior to the granting of permission to self-administer medication.

Signature of Parent/Guardian_____ Date _____

Home Phone_____ Emergency Phone _____