



Hamilton Township School District

William Davies Middle School

1876 Dr. Dennis Foreman Drive, Mays Landing, NJ 08330

Telephone: (609) 476-6241

Fax: (609) 476-6250

TO BE COMPLETED BY PARENT/GUARDIAN

Dear Parent/Guardian:

Please complete the section (s) below to allow your child to receive medication while they are in school. Please note that the **lower section** is for self-administration of medication for asthma or potentially life threatening illnesses **ONLY**.

Parent Permission to Administer Medication

I request and grant permission for the school nurse to administer medication to my child, _____ as prescribed by his/her physician as indicated on the reverse side of this form and as per the policy of Hamilton Township Board of Education and State Law. I understand that medication is to be brought to school by myself in the original prescription bottle/box labeled properly by the physician or pharmacist. I understand that I will pick up the medication at the end of the school year or at the end of its period of administration or the medication will be discarded.

Parent's/Guardian's Signature

Date

Home and Work numbers

Pupil Self Administration of Medication

The Board of Education shall permit self administration of medication for asthma or other potentially life threatening illnesses by pupils in grades 1 through 8, both on school premises during regular school hours and off site or after regular school hours when a pupil is participating in field trips or extracurricular activities and the school nurse and his/her designee is not present. Life threatening illness means an illness or condition that requires an immediate response to specific symptoms or sequel that may indicate the potential loss of life (i.e. adrenaline injection in response to anaphylaxis) See policy 5330.

My child, _____ has permission to administer his/her own medication _____ for asthma or other potentially life-threatening illnesses both on school premises, during regular school hours and off-site or after regular school hours when they are participating in field trips or extracurricular activities and the school nurse and his/her designee is not present. I acknowledge that the Hamilton Township Public Schools shall incur no liability as a result of any injury arising from the self-administration of medication by my child and that I indemnify and hold harmless the District and it's employees or agents against any claims arising out of self-administration of medication by my child.

Parent's/Guardian's Signature

Date



All Children Can Learn! All Children Can Succeed!

RECIPIENT OF NATIONAL BLUE RIBBON AWARD, NEW JERSEY DEPARTMENT OF EDUCATION STAR SCHOOL AND BEST PRACTICE AWARDS