STILLWATER TOWNSHIP BOARD OF EDUCATION **FILE CODE: 5141.21**
Stillwater, New Jersey

Form

STILLWATER TOWNSHIP SCHOOL
REQUEST FOR STUDENT SELF-ADMINISTRATION OF MEDICATION

Part I – To be Completed by the Family Physician

Student name _____

Grade/School _____

Name of medication _____

Purpose of medication _____

Dosage/Time to be given _____

Duration _____

I certify that _____ has a potentially life threatening illness. This child is being treated by me for _____ and that the medication can be self-administered. Furthermore, the student is capable of, and has been instructed in the proper method of self-administration of this medication.

Signature of Physician _____

Date _____

Part II – To be Completed by the Parent

I request permission for my child _____ to self-administer the above-mentioned medication, as per permission of my family physician.

If permission is granted by the school nurse and chief school administrator, the school district, the board of education and its employees shall incur no liability as a result of any injury arising from the self-medication by my child.

Permission may be revoked if the student proves to be incapable of self-administering medication in the school setting.

Signature of Parent _____

Date _____

Adopted: No date
NJSBA Review/Update: December 2009
Readopted: December 14, 2009