

# MEDICATION FORM

School Year \_\_\_\_\_

Dear Parent/Guardian:

The taking of medication in school is regarded very seriously. Medication is considered such if it is prescribed by a physician; it may be a patient drug, aspirin or cough syrup.

If your child requires medication during school hours, it must be sent in the properly labeled container and the form below must be completed. Your assistance in adhering to our policies is greatly appreciated.

With the school physician's and/or private physician's approval and with the parent's permission, the occasional use of acetaminophen (Tylenol) is permitted for the following reasons:

Headache \_\_\_\_\_ Orthodontic Appliance Discomfort \_\_\_\_\_

Dysmenorrhea \_\_\_\_\_ Other \_\_\_\_\_ (Please Specify)

Pupils may take medication in a building only in the presence of a nurse and at the written request of a parent and physician with the following exception:

A pupil may be permitted to self-administer medication for asthma or other potentially life-threatening illness. The child's physician must certify, in writing that the child has asthma or another life threatening illness and that the child is capable of and has been instructed in the proper administration of the required medication.

Permission is effective for the school year for which it is granted and must be renewed annually, following the above-mentioned process. Prescriptions are valid up to expiration dates.

Central Jersey College Prep Charter School takes no responsibility for the diagnosis and treatment of pupil illness. The district shall incur no liability as a result of any injury arising from the self-medication.

Sincerely,

Barbara Protasenia  
School Nurse

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Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Name of drug/medication \_\_\_\_\_

Reason for medication \_\_\_\_\_

Dosage \_\_\_\_\_ Time of medication \_\_\_\_\_

Check here if requesting child to self-administer

I approve the taking of the above named medication. I indemnify and hold CJPCPS harmless against any injury or claims that arise as a result of the pupil's self-administration.

Parent/Guardian Signature \_\_\_\_\_

Attached is the doctor's certification that this child has asthma or another life threatening illness and that the child is capable of and has been instructed in the proper administration of the required medication.

Doctor's Signature \_\_\_\_\_