

River Dell Regional Board of Education

230 Woodland Avenue

River Edge, NJ 07661

ADMINISTERING MEDICATION – (By School Nurse)

**Part I - Prescribing Health Care Provider's Orders for Administration of Medication
(to be completed by prescribing health care provider)**

In order to protect the health of your child, _____, it will be necessary for him/her to have medication during school hours prescribed as follows:

- Does the student have asthma or another potentially life-threatening illness or a life-threatening allergy?
____ YES ____ NO
- If yes, is the student capable of and has the student been instructed in the proper method of self-administration of medication?
____ YES ____ NO

Name of Medication: _____

Dosage: _____

What specific time is medication to be administered: _____

Purpose of Medication: _____

What adverse reaction might occur if medication is taken over an extended period of time: _____

What adverse reaction may occur if the medication is not administered according to the specified time set forth above: _____

Please advise parents that medication must be provided by parents in original container.

Signature of Health Care Provider

Please Print Name

Street Address

City, State, Zip Code

Telephone

Date

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ADMINISTERING MEDICATION – (By School Nurse)

**Part II – Parent/Guardian Consent
(to be completed by parent/guardian)**

Dear _____,

I hereby request that my child, _____, who attends Grade _____ at River Dell _____ School be administered medication during school hours as prescribed by her/his health care provider. I understand that the ultimate responsibility of medication is mine. I shall provide the prescribed medication in the original container. I understand that my request for the administration of medication during school hours to my child is effective for this school year only and must be renewed on an annual basis.

I understand and acknowledge that the River Dell Regional Board of Education and its employees and/or agents, including the school nurse and any delegates, shall incur no liability as a result of any injury arising from the administration of medication to my child, the self-administration of medication by my child, the administration of epinephrine to my child via a pre-filled auto-injection mechanism, or the administration of glucagon to my child and agree to indemnify and hold harmless the River Dell Regional Board of Education and its employees and agents, including the school nurse and delegates, against any and all claims arising from the administration of medication to my child, the self-administration of medication by my child and/or the administration of epinephrine to my child via a pre-filled auto-injector mechanism, or the administration of glucagon to my child.

Signature of Parent/Guardian

Please Print Name

Date