



The Catholic Community of Saint Matthias

School Nurse or Designee(s) Administration of Medication Form

School Name: St. Matthias School

School Address: 170 JFK Blvd., Somerset, NJ 08873

School Telephone Number: 732-828-1402

School Fax Number: 732-846-3099

Name of Principal:

Name of Nurse:

PARENT/GUARDIAN CONSENT TO ADMINISTRATION OF MEDICATION, WAIVER OF LIABILITY AND AGREEMENT TO INDEMNIFY

Student Name: _____

☐ Requires non-emergency medication as specifically prescribed by Student's physician or advanced practice nurse.

☐ Requires emergency medication as specifically prescribed by Student's physician or advanced practice nurse.

☐ Student has asthma or other life threatening illness

And / Or

☐ Student has life-threatening allergy that can result in anaphylaxis

As to all medications, we understand that a physician or advanced practice nurse must request administration of medication by specifying a specific drug, stating the condition for which it is needed, the dosage, times, circumstances for dispensing medication and any contradictions. In case of epinephrine, a physician or advanced practice nurse must state that it is for anaphylaxis. We have received a copy of school policy regarding administration of medicines at school and we and our child agree that we will at all times abide by the policy. We understand that if dispensing of medication is permitted, it is our obligation to provide the school with written orders of a physician or advanced practice nurse that our child requires the administration of the medication(s), as well properly prescribed dosages which are current and that we, as parents/guardians (rather than the school) have the obligation at all times to ensure that the school has current, unexpired medication(s).

We authorize the administration of medication(s) to our child pursuant to the written order of our child's physician or advanced practice nurse by the school nurse (or his/her/ trained designee named herein). We understand and agree to so advise our physician/advanced practice nurse that the school will not dispense medication on those days when the school nurse is not available at school, except for the emergency administration of epinephrine. We acknowledge that it is our obligation to contact the school each day to verify that the school nurse will be available to dispense the medication and, if not, make arrangements so that we can dispense the medication to our child. We acknowledge and understand that no other person at, or affiliated with, the school is authorized to dispense medication to our child- the only exception is emergency administration of epinephrine (when the school nurse has trained a volunteer designee and the volunteer designee is available to administer the epinephrine in case of anaphylactic reaction). In such case we understand that our child will be immediately transported to a hospital following the injection of epinephrine, and it is our obligation to provide the school with working telephone numbers where we can be reached at all times and our responsibility (not the school's responsibility) to attend to our child once the emergency squad leaves the school or school activity with our child.

WE UNDERSTAND THAT THE SCHOOL, ITS EMPLOYEES, AFFILIATED INDIVIDUALS AND AGENTS SHALL INCUR NO LIABILITY AS A RESULT OF ANY INJURY ARISING FROM THE ADMINISTRATION OF MEDICATION(S) TO THE STUDENT, INCLUDING EPINEPHRINE VIA PRE-FILLED, AUTO-INJECTOR MECHANISM, PURSUANT TO THIS POLICY. WE AGREE TO INDEMNIFY AND HOLD HARMLESS THE SCHOOL, ITS

NOTE: With respect to epinephrine, neither the capability of self-administration, the presence of antihistamine or another form of medication coupled with epinephrine in the doctor's order, nor a co-morbidity of asthma precludes an epinephrine administration and/or delegation for a student for anaphylaxis. Epinephrine administration by a trained adult will be made available and accessible to a child who needs it by also completing the separate requirements for administration of epinephrine as an emergency medication by the school nurse or his/her designee.

EMPLOYEES, AFFILIATED INDIVIDUALS AND AGENTS AGAINST ANY CLAIMS ARISING OUT OF THE ADMINISTRATION OF MEDICATION(S) TO THE STUDENT, INCLUDING EPINEPHRINE VIA A PRE-FILLED, AUTO-INJECTOR MECHANISM.

Permission is effective for the school year for which it is granted and must be renewed for each subsequent school year.

Parent/Guardian Name:

(1) _____ (2) _____

Parent/Guardian Signature:

(1) _____ (2) _____

Date: _____

Date: _____