

Briarcliff Middle School

93 Briarcliff Road
Mountain Lakes, NJ 07046

SELF-MEDICATION RELEASE FORM

According to New Jersey Department of Education Regulations, the SELF-ADMINISTRATION of any medication by students is not permitted except in cases of severe asthma or other potentially life-threatening illness. We must have written authorization from the physician and the parent/guardian.

Permission for medication is effective only for the current school year and needs to be renewed for each subsequent school year.

Please have your child's physician complete the request for treatment section of this form. As the parent/guardian, please complete the parental authorization section and return the completed form to the Briarcliff Health Office.

REQUEST FOR TREATMENT (Inhalers for Asthma and EPI-PEN's for Anaphylaxis)

Physician Order/Statement:

Name of Student: _____ Date of Birth: _____

Condition / Illness: _____

Medication / Treatment: _____

This student is capable and has been instructed in the proper method of self-administration of this medication.

Physician's Signature: _____ Date: _____

Physician's Address: _____

Parental Authorization:

I request that my child _____ be permitted to self-medicate as prescribed above for the following condition: _____

I acknowledge that the Mountain Lakes Board of Education shall incur no liability as a result of any injury arising from the self-administration of medication by the student and that we the parents shall indemnify and hold harmless the district and its employees against any claims arising out of the self-administration of medication by the student.

Parent's Signature: _____ Date: _____