



Weymouth Township School District

1202 Eleventh Avenue - Dorothy, NJ 08317

P: (609) 476-2412 F: (609) 476-3966

Weymouthtownshipschool.org



School Medication Policy
Effective School Year 2023-2024

Self-Administration of Medication Consent

TO BE COMPLETED BY PAREN/GUARDIAN AND PHYSICIAN, IF APPROPRIATE

Medication: _____

Reason for Self-Administration of Medication (diagnosis): _____

Strength of Medication: _____

Dose(s) to be given: _____

Time(s) to be given: _____

Length of Time medication is to be administered: _____

Possible Side Effects: _____

I certify that (STUDENT'S NAME) _____ is capable of self-administering the above identified medication and grant my permission for such self-medication. Students who self-administer are still required to report each incident of medication dosage in school to the Health Office. It is understood that Weymouth Township School shall incur no liability as a result of the above self-medication.

Physician signature is not required when physician consent to self-administration of medication is present on Anaphylaxis or Diagnosis Specific Action Plan.

Parent/Guardian Signature Date Signed

Parent/Guardian *Printed Name* Date Signed

Doctor/Dentist Signature Date Signed

School Nurse Signature Date Received/Signed