

GLOUCESTER COUNTY INSTITUTE OF TECHNOLOGY

Request for Self-Administration of Medication on Trips

Student's Name: _____ School Year: _____
 Allergies: _____ Grade: _____ Date of Birth: _____

All medication, prescription and over-the-counter (OTC) **MUST** have a physician's order for student to self-administer medication while on school sponsored trips.

NJ State law requires your doctor to sign this form if your student is taking a prescription or an over-the-counter medication on any trip (i.e., Motrin, Tylenol, etc.). Birth control pills do not need to be listed/reported. All forms must be renewed every school year and updated as needed with medication changes.

Please have all prescription medication, in the original pharmacy labeled container and OTC medication, in its original container.

- If a student has asthma/inhaler, an **Asthma Action Plan** is required to be on file in the school nurse's office and they should carry their inhaler from home.
- If a student carries an EpiPen, an **Anaphylaxis Care Plan** is required to be on file in the school nurse's office and they should carry their epinephrine auto-injector from home.
- If a student is diabetic, a **Diabetes Care Plan** is required to be on file in the school nurse's office and the student must carry all diabetic supplies.

Medication	Route/Dose (mg/ml)	Time (specific)	Diagnosis/Purpose	Physician's Initials for Self-Administration

Physician's Name: _____

Physician's Stamp: _____

Physician's Signature: _____

Physician's Phone Number: _____

We, the parent/guardian of the pupil, acknowledge that the district shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil. We shall indemnify and hold harmless the district and its employees or agents against any claims arising out of self-administration of medication by the pupil. The permission is effective for the school year, which it is granted. I attest that my child is knowledgeable about his/her medication and may self-administer.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Name (print)	Cell Phone Number