

# Butler Public Schools

38 Bartholdi Ave  
Butler, NJ 07405  
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[www.butlerboe.org/](http://www.butlerboe.org/)



Dear Parent/Guardian,

Your child has a prescribed medication that may need to be given during the school day or in the event of a medical emergency. To make sure your child receives timely and appropriate care even when the school nurse is not present, we are requesting your permission for a trained school staff member (delegate) to administer this medication under the direction of the school nurse.

In accordance with New Jersey state law (N.J.S.A. 18A:40-12.6 and N.J.A.C. 6A:16-2.1), the school nurse has the authority to designate and train specific school employees who volunteer to administer prescribed emergency or rescue medications when the nurse is not available. These staff members receive thorough training in recognizing symptoms, administering the medication correctly, and activating emergency procedures when needed.

Please review and complete the consent form below. Your consent allows the nurse to designate a trained school employee to administer your child's medication if necessary. This ensures your child receives prompt and safe care at all times. If you have any questions or concerns regarding this authorization, please contact your child's school nurse directly.

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## Parent/Guardian Consent for Delegate Administration of Rescue Medication

I, \_\_\_\_\_, parent/guardian of

**Student Name:** \_\_\_\_\_

authorize a trained and delegated school staff member to administer my child's prescribed rescue medication, (Name of Medication) \_\_\_\_\_

as directed by their healthcare provider and as outlined in the student's Individualized Health Plan (IHP) / Emergency Action Plan (EAP) in the absence of the school nurse.

I understand that the delegate will be trained by the school nurse and that this authorization will remain in effect for the current school year unless revoked in writing.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_