

# G. Harold Antrim Elementary School

401 Niblick Street  
Point Pleasant Beach, New Jersey 08742

Thomas J. O'Hara  
Principal

Tara Weber  
Elementary Supervisor

August 2017

Dear Parents,

The attached forms apply only to children who may be in need of self-medication, (i.e. children who use inhalers, epi pens, etc). The need to self medicate may occur if the nurse is unavailable. Your child's medications will still be kept in the Health Room.

If you have any questions please feel free to contact me at (732) 899-3737 ext. 2021. Thank you for your continued cooperation.

Sincerely,

*Mrs. Kathy Fioretti RN*

Mrs. Kathy Fioretti, RN  
School Nurse

KF/slp

## **REMINDER:**

**Students are NOT ALLOWED to carry any medications on their persons; this includes prescriptions as well as Tylenol and Advil.**

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## Physician Certification For Self Medication by Student 2017-2018

In accordance with Chapter 308, P.L. 1993, I \_\_\_\_\_  
(Print name of Physician)  
certify that I am the Physician of \_\_\_\_\_. This patient suffers from  
(Print student's name)  
\_\_\_\_\_, a potentially life-threatening illness, and is capable of,  
(Print name of Illness)  
and has been instructed in the proper method of self-administration of medication for this  
illness.

Name of Medication: \_\_\_\_\_

Dose/Route: \_\_\_\_\_

Additional  
Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Office Phone

KF/slp

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## SELF MEDICATION PERMISSION FORM 2017-2018

In accordance with Chapter 308, P.L. 1993, this form must be signed by the parents or guardians of any student who wishes to self-administer medication.

We \_\_\_\_\_ and \_\_\_\_\_ (print names of parents) are the parents or guardians of \_\_\_\_\_ (print name of student) a student in the Point Pleasant Beach School District. As required by law, this form provides to the Point Pleasant Beach Board of Education our written authorization for our child to self-administer medication. We further acknowledge, that by copy of this form, the Point Pleasant Beach Board of Education has informed us that the district, its employees or agents, shall incur no liability as a result of any injury from the self-administration of medication by our child. Further, by signing this form we release the Point Pleasant Beach Board of Education, its employees and agents, from any liability as a result of any injury from the self-administration of medication by our child and we expressly agree to defend, protect, indemnify, and hold harmless the Point Pleasant Beach School District, and its employees or agents, from all losses, costs, suits or claims which may result from the self-administration of medication by our child.

Attached to this form is the written certification of our physician verifying the diagnosis of my child as potentially life threatening and the provision of medication instructions. Permission for our child to self-administer medication is effective upon approval and notification by the Point Pleasant Beach Board of Education. Permission remains effective only for the present school year.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

KF/slp