

Medication permission notice for Northfield Community School  
Student Self-Administration of "Rescue Inhalers" 2017-2018 SY

Contact school nurse if your child is not capable of self-administering his/her own inhaler medication and do not fill out this form. Otherwise, kindly complete the sections indicated by the line \_\_\_\_\_ and X below

To: School Nurse \_\_\_\_\_ Regarding student \_\_\_\_\_

I have read the Northfield School District's medication procedure policy and/or the procedures established by the District and agree to follow the regulations stipulated in the policy. By completing this form, I give permission for my child to use his/her "Rescue Inhaler" by his/her self and to carry this "rescue Inhaler" on his/her person and use it under the supervision of the school nurse, teacher, counselor or appropriate school staff member in case it is needed during the school day or on a school sponsored function; or while he/she is on the way to or from school; or engaged in school sponsored activities such as athletic events clubs or activities. I may change this agreement by making written request and presenting it, in person, to the School Nurse. I will contact the nurse any time I am aware that my child will be out of the school building on an activity or trip and he/she will require his/her medication. I understand that in New Jersey, only my child; a school nurse; school physician; qualified school district employee or I may dispense the medication in a rescue inhaler to my child. By completing this form, I am requesting that my child be allowed to administer his/her own medication.

Please allow the following medication \_\_\_\_\_ name of medication Metered Dose Inhaler (MDI) in this amount \_\_\_\_\_ amount of medication dosage or milligrams

this often: \_\_\_\_\_  
indicate the time period or interval between doses of medication or when and under what circumstances the medication is to be used.

to treat the following conditions: \_\_\_\_\_  
(be very specific about what conditions your child will need to use the medication i.e. shortness of breath, before and/or after exercise, due to illness, etc)

If I have not already provided to the nurse a physician's "order" and "Asthma Action Plan" for the current school year, I will have \_\_\_\_\_ provide this to my child's school nurse before any use of the medication.  
(name of doctor, nurse practitioner or the name of the physician's office)

Important: I will also ask the doctor to indicate on his/her "order" and on the Asthma Action Plan that my child is capable of administering his/her rescue inhaler and that he/she is allowed to carry the inhaler on his/her person, as per NJ 18:A 40-12.3 and NJ 18.A10-12.8 All physician orders expire 6-30-18 unless otherwise noted, except for medications used to treat a temporary illness or condition.

By signing below, I understand that it is my choice to have my child administer and carry his/her rescue inhaler. I have read the Medication Policy, established by the Northfield Board of Education and agree to adhere to it. I will hold harmless, The Northfield Board of Education, The School District of Northfield and its employees for any harm caused by the administration or non-administration of the above medication, to my child or to others, now or in the future. I understand that I am permitted to come to school or to attend school functions or field trips with the permission of the principal to administer medication to my child if I do not agree to follow the established Board medication policy, or change my mind at any time

X \_\_\_\_\_ signature of parent or guardian X \_\_\_\_\_ relationship to student X \_\_\_\_\_ date X \_\_\_\_\_ telephone number

X (circle one) I do I do not \_\_\_\_\_ want the school nurse to discuss my child's medical condition with appropriate school personnel  
X (signature of parent/guardian)

Important note: Inhalers may not be kept in common areas; in book bags/ purses which are not kept on the student's body; or in lockers or desks. They may not be held by a teacher, coach, chaperone or friend. The student's name must be written on the inhaler canister and on the plastic device. The medication box with the prescription information on it is to be kept in the office of the school nurse. Sample inhalers that are without prescription information are not permissible in school. It is recommended by the District that back up inhalers be kept in the school nurse office as well as at the child's residence(s). The loss of an inhaler on school grounds or at a school function must be reported by the parent/student to the school principal immediately. Your child is responsible to contact the teacher in charge as well as the school nurse, as soon as it is possible, by phone if necessary, whenever he/she uses his/her rescue inhaler in school or on a school function.

Unused medication may be picked up from the nurse's office at any time and during the last week of school. On the last day of school all medication that has not been picked up will be disposed of. Thank you and your doctor for your assistance.