

West Morris Central High School

Health Office

Phone: 908-879-5212 ext. 3495
E-mail: smoor@wmrbsd.org or ckaminski@wmrbsd.org

Fax: 908-879-5460

Dear Parents:

According to regulations which govern us, **SELF-ADMINISTRATION** of any medication by school children is not permitted except in cases of severe asthma or other potentially life-threatening illness. We must have written authorization from the physician and the parent or guardian.

Permission for medication is effective only for the current school year and needs to be renewed for each subsequent school year.

Kindly complete the attached form and have your child return it to the Health Office. Thank you. Please let us know if your child no longer needs to use an **inhaler** or **EpiPen**. (See below)

Sincerely,
Cathe Kaminski, RN
Susan Moor, RN

REQUEST FOR TREATMENT

PHYSICIAN:

I am treating _____ for _____
student name condition/illness

and prescribe the following medication/treatment _____.

I acknowledge that this pupil is capable of and has been instructed in the proper method of self-administration of this medication.

Date: _____ Doctor's Signature: _____
(PLEASE STAMP)

PARENT:

I request that my child _____ be permitted to self-medicate as prescribed above for the following condition: _____.

I acknowledge that the West Morris Regional Board of Education shall incur no liability as a result of any injury arising from self-administration of medication by the pupil and that we the parents shall indemnify and hold harmless the district and its employees against any claims arising out of the self-medication by the pupil.

Date: _____ Parent's Signature: _____

My child no longer has a need for an inhaler and/or EpiPen _____

Parent Signature