

HACKENSACK PUBLIC SCHOOLS  
SCHOOL NURSES  
OFFICE HACKENSACK,  
NJ 07601

11.2B

Dear Parent/Guardian:

Re: Administration of Medication      Date: \_\_\_\_\_

The Board of Education disclaims any and all responsibility for the diagnosis and treatment of the illness of any pupil. At the same time, the Board recognizes that a pupil's attendance may be contingent upon the timely administration of medication duly prescribed by a physician. The Board will permit the dispensation of medication in school only when the pupil's health and continuing attendance in school so require and when the medication is administered in accordance with Board Policy 5330. The School Nurse may designate a properly trained employee of the district to administer the pre-filled Epinephrine when the school nurse is not physically present at the scene.

Be advised that the Hackensack Public School district shall have no liability as a result of any injury arising from the administration of medication or the administration of a pre-filled, single dose auto-injector mechanism containing Epinephrine to the pupil and that the parents or guardians shall indemnify and hold harmless the district employees or agents against any claims arising out of the administration of medication or a pre-filled single dose auto-injector mechanism containing Epinephrine to the pupil.

The written order from your family physician is effective for the school year for which it is granted and will be renewed for each subsequent school year upon fulfillment of the requirements.

In order to comply with this policy, I must have a written order from your family physician and if your (child's name) \_\_\_\_\_ is to receive his/her medication or Epinephrine during the school day.

Please contact your doctor to secure this order and send it to the health office on or before \_\_\_\_\_.

**THE MEDICATION MUST BE IN THE ORIGINAL CONTAINER OBTAINED FROM THE PHARMACY.**

School Nurse

The written order from the family physician must state diagnosis, drug, and dosage; and be approved and countersigned by the school physician as a written order to give same. In addition, we must have the written request from the parent or guardian.

**Your doctor may write the order on this sheet or on a prescription pad.**

Diagnosis:

Drug:

Dosage:

Hours of Administration: \_\_\_\_\_ Signature: \_\_\_\_\_, M.D.

**To School Nurse:**

I hereby request that my child, \_\_\_\_\_ be given medication as prescribed by our family physician.

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

If Applicable: I give my consent that a properly trained employee of the district can administer a pre-filled single dose auto-injector mechanism containing Epinephrine to my child, \_\_\_\_\_ when the school nurse is not physically present at the scene.

Signature of Parent Guardian: \_\_\_\_\_ Date: \_\_\_\_\_