

**TEANECK PUBLIC SCHOOLS
MEDICAL DEPARTMENT**

Dear Parent:

If your child requires medication that must be given during the school hours, sections I and II of this form must be completed and returned to the nurse of your child's school.

1. Doctors Request (Please check the appropriate box)

The following **asthma** medication can be self-administered by my patient _____
_____. Proper instructions have been given.

The following medication is to be administered to my patient _____
_____ by the school nurse.

Name of Medication _____ Diagnosis _____

Strength _____ Dosage _____

Time of Day to Be Given _____ Date Start _____ Date Stop _____

Date _____ M.D.

Signature _____

Print _____ M.D.

Phone Number _____

Stamp

(If possible, we would appreciate it if medication could be given before and /or after school)

II. Parent Request and Release

I request that the above medication be given to my child, named above. I release the nurse, school physician, and the Teaneck Board of Education of all responsibility should any untoward reaction occur as a result of my child being administered the above medication. I also authorize the Teaneck Public Schools to obtain relevant information from the above physician as it relates to the administration of medication that has been prescribed. The Board of Education., Board Employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil.

Date _____ Parent Signature _____