

Exhibit 2 - Sample Form

SELF-MEDICATION RELEASE FORM

I, _____ give permission for my child, _____

to self-medicate with _____ as prescribed by _____
(medication) (physician's name)

in emergency situations where the nurse or parent/guardian is not present on-site, off-site, or at an after-school activity.

- I agree to provide an identical copy of any inhaler/s, epi-pen or other auto-injector, or glucagon which will be stored in a locked cabinet in the original container in the nurse's office.
- A note from the prescribing physician is attached which includes the dosage and timing of medication and a notation of each instance of administration, as well as certification that the student is capable of self-medication and has been instructed on the proper administration of his/her medication.
- In the event that my child, _____, self-administers medication according to Oradell Board of Education policy 5141.21 Administering Medication, I release the school district of any and all liability.
- I have received and reviewed the provisions of policy 5141.21 Administering Medication.

Parent/guardian signature: _____

Date: _____