



WOODBRIDGE ACADEMY MAGNET SCHOOL

Robert Fuller, *Principal*
Michael Sullivan, *Assistant Principal*

AUTHORIZATION FOR MEDICATIONS TO BE GIVEN DURING SCHOOL HOURS

Student's Name (Last, First) Gender Date of Birth

Physician's Name Address Phone

WAIVER OF LIABILITY: We request that our child be assisted in taking the medicine(s) described below at school by authorized persons, or permitted to medicate him/herself, as authorized by me and by my Physician (see below). I, as the parent and natural/legal guardian of named child, request that the Woodbridge Academy Magnet School permit our child to carry and use an Emergency Inhaler or EpiPen while on school property, or while off school property at an approved school event. I agree to comply with the regulations of the school district and in consideration of the privilege extended to me and my child, we hereby agree to indemnify and hold harmless the Board of Education of the Middlesex County arising from the acceptance by the Board of the request recited above. I also agree to provide an additional Inhaler or EpiPen, identical to the one which my child is authorized to carry and self-administer, which shall be retained by the School Nurse in accordance with the school's policy. I agree to withhold Middlesex County Magnet Schools and its employees from and against any and all losses, claims, damages, or expenses.

Parent/Guardian Signature Date

THE FOLLOWING PORTION IS TO BE COMPLETED BY THE PHYSICIAN:

Diagnosis for which medication is required:
Name of Medication:
Route:
Dose:
May generic medication be dispensed?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Frequency of administration (Day/Time, PRN instructions, etc.):
Instructions for repeat dose, if applicable:
Authorized for self-administration? (For EPIPEN and ASTHMA INHALER Only):
Has child been instructed and observed for proper use of EpiPen/Inhaler?
List significant side effects:
Length of time this treatment/medication is recommended:
Other information:

Physician Name (Print) Physician Signature Date