

Camille Cerciello, Ed.D.  
Director

**WINDSOR SCHOOL**  
226 Wanaque Avenue  
Pompton Lakes, New Jersey 07442  
Ph: 973 697-4191 • Fax: 973 697-4195  
windsorschools.com

Christopher D. Lynch, Ph.D.  
Director

Dear Parents/Guardians,

If it is necessary for your student to receive medication during the school day, please complete the Medication Administration Form enclosed. This form must be completed by your physician and the parent/guardian of the student.

Do not use this form for Inhalers or Allergic Reaction medication. There are separate forms for these medications as described below.

If your student has asthma and requires the use of an inhaler or nebulizer, the following forms must be filled out by your physician and the parent/guardian of the student.

- Asthma Treatment Plan
- Indemnification/Hold Harmless Agreement for Self Administration of Medication and/or Epinephrine

If your student has a food allergy or other allergies that require the use of an EpiPen, the following forms must be filled out by your physician and the parent/guardian of the student.

- Allergy Action Plan
- Indemnification/Hold Harmless Agreement for Self Administration of Medication and/or Epinephrine

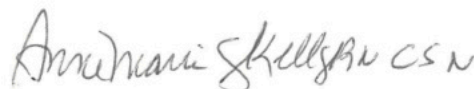
All forms can be found in our student packet. The completion of these forms are required by law and NO medication can be given without their completion.

All medication must be brought to school on your student's first day, in the original bottle with the prescription label intact.

**All medication forms must be returned on or before your student's first day of school in order to administer any medication to your student. Medication can only be administered with the appropriate paperwork completed and returned.**

Please feel free to contact me at 973-697-4191 if you have any questions or concerns.

Sincerely,

  
Anne Marie G. Kelly, RN CSN  
Certified School Nurse

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**SCHOOL YEAR: 2023-2024**

**MEDICATION ADMINISTRATION FORM**

**INFORMATION TO BE COMPLETED BY PHYSICIAN:**

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Order: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dose: \_\_\_\_\_

Time and Circumstances of Administration at School: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Physician Name and Phone Number: \_\_\_\_\_

Please place Physician's stamp here:

\_\_\_\_\_  
Physician's Signature

**PARENT PERMISSION SLIP**

I hereby give permission for my son/daughter \_\_\_\_\_ to be given the above medication in school and will assume any responsibility for any reaction that may occur.

\_\_\_\_\_  
Parent Name (Printed)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

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## **INDEMNIFICATION/HOLD HARMLESS AGREEMENT FOR SELF ADMINISTRATION OF MEDICATION AND/OR EPINEPHRINE**

The parent(s)/guardian(s) individually, and on behalf of the pupil, agree(s) to indemnify, defend and hold the school district, the Windsor School/Windsor Learning Center, its directors, teachers, nurse(s), principal, agents, servants and employees harmless from any and all claims, actions, costs, expenses, damages and liabilities, including attorney's fees, arising out of, connected with or resulting from the self administration of medication and/or epinephrine by or to the pupil. The parent(s)/guardian(s) individually and on behalf of the pupil agree (s) that the Windsor School/Windsor Learning Center, its directors, teachers, nurse(s), principal, agents, servants and employees shall incur no liability as a result of any injury, damages or expenses arising out of or connected with the administration of medication and/or epinephrine by or to the pupil.

This agreement shall take effect on the date listed below and shall stay in effect for as long as permission is provided for the administration of medication and/or epinephrine. This agreement must be signed and be in full effect prior to the granting of permission to administer medication and/or epinephrine.

\_\_\_\_\_  
Student's Name

  
\_\_\_\_\_  
Building Principal

\_\_\_\_\_  
Parent or guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date of Agreement

Self-Administration of Medication by Pupils for Asthma or Other Potentially  
Life-Threatening Illnesses  
N.J.S.A. § 18A:40-12.3.  
(Effective October 16, 2001)

a. A board of education or the governing board or chief school administrator of a nonpublic school shall permit the self-administration of medication by a pupil for asthma or other potentially life-threatening illnesses provided that:

(1) the parents or guardians of the pupil provide to the board of education or the governing board or chief school administrator of a nonpublic school written authorization for the self-administration of medication;

(2) the parents or guardians of the pupil provide to the board of education or the governing board or chief school administrator of a nonpublic school written certification from the physician of the pupil that the pupil has asthma or another potentially life-threatening illness and is capable of, and has been instructed in, the proper method of self-administration of medication;

(3) the board of education or the governing board or chief school administrator of a nonpublic school informs the parents or guardians of the pupil in writing that the district and its employees or agents or the nonpublic school and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil;

(4) the parents or guardians of the pupil sign a statement acknowledging that the district or the nonpublic school shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil and that the parents or guardians shall indemnify and hold harmless the district and its employees or agents or the nonpublic school and its employees or agents against any claims arising out of the self-administration of medication by the pupil; and

(5) the permission is effective for the school year for which it is granted and is renewed for each subsequent school year upon fulfillment of the requirements in paragraphs (1) through (4) of this subsection.

b. Notwithstanding any other law or regulation to the contrary, a pupil who is permitted to self-administer medication under the provisions of this section shall be permitted to carry an inhaler at all times, provided that the pupil does not endanger himself or other persons through misuse.

c. Any person who acts in good faith in accordance with the requirements of this act shall be immune from any civil or criminal liability arising from actions performed pursuant to this act.

HISTORY: L.1993, c.308, § 1; amended 1997, c.21; 2001, c.61, § 1.