

MONROE TOWNSHIP PUBLIC SCHOOLS
REQUEST FOR SELF-MEDICATION ON FIELD TRIPS

The administration of medication by any student who has asthma or other potentially life threatening illness will be permitted only when failure to take such medication would jeopardize the health of the student or the student would not be able to attend the field trip if the medicine were not made available.

PARENT CERTIFICATION

School: _____

Student's Name: _____

Parent/Guardian: _____

Physician: _____

I request that my child be permitted to self-medicate while on a field trip to _____

I understand that my child is to carry his/her own medication and that he/she must secure this medication in such a manner that the medication will not be available to other students.

I acknowledge that the Monroe Township School District, the Board, and its employees or agents, shall incur no liability as a result of any injury arising from the self-administration of medication by my child; and indemnify and hold harmless the school district, the Board, and its employees or agents from any claims arising out of the self-administration of medication by my child.

Parent/Guardian's Signature

Date

Principal's Signature

Approved

Disapproved

Date