



**IMPORTANT INFORMATION REGARDING  
ADMINISTRATION OF MEDICINE**

There are times when your child will go on field trips, unaccompanied by the school nurse. Children who require an Epi-pen during a school trip or at any other time can have it administered by a trained teacher, when the Consent for delegate Administration form is signed. Please be aware, however, that no other medication is permitted to be administered by a teacher. If your child requires any other medication, i.e. Benadryl, asthma inhalers, etc., they may be kept by the student and self-administered if your physician indicates this need in writing and considers the student sufficiently responsible.

If you want your child to be able to carry and self-administer medication, please fill out the form below and have your doctor sign the form attesting that the child has been instructed regarding symptom recognition, and is capable of, and may self-administer medications, pursuant to N.J.S.A. 18A:40-12.3. Please note that Yeshivat Noam shall have no liability for your child's self-administration of these medications.

If you or your physician does not consider your child responsible enough to self-administer medication, then the parent has the option of accompanying the child on the trip in order to administer the medication, or keep the child at home during the scheduled trip.

**PARENT AND PHYSICIAN PERMISSION FOR SELF-ADMINISTRATION OF MEDICATION**

Child Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Medication(s), which the child is permitted to self-administer: \_\_\_\_\_

To be completed by Parent/Guardian:

I give permission for my child \_\_\_\_\_, to self-administer the medication(s) \_\_\_\_\_ . I acknowledge and agree that Yeshivat Noam shall have no liability as a result of any injury, harm or damages arising from my child's self-administration of medication. I hereby indemnify and hold harmless Yeshivat Noam and its employees and agents against any claims arising out of the self-administration by my child of his/her medication or his /her keeping such medication on the school premises.

\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian signature/ Date

To be completed by Physician: this student has been instructed in symptom recognition, is capable of, and may self-administer \_\_\_\_\_, pursuant to NJSA 18A:40-12.3.

Name of medication(s)  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Physician's signature Date

I further understand that this permission is effective for the school year for which it is granted and must be renewed for each subsequent school year.