

EAST GREENWICH TOWNSHIP SCHOOL DISTRICT
EMERGENCY MEDICATION ON SCHOOL FIELD TRIPS

I. To be completed by a physician:

Child's Name: _____ Grade: _____ Homeroom: _____

- **Does this child have a potentially life-threatening condition that requires emergency medication?** Yes _____ No _____ Medication: _____

If yes, complete **Section A** or **Section B**.

Section A (may self-medicate)

- This child has _____, which can be a potentially life-threatening condition if not treated immediately. I advise that his/her medication be **carried by the teacher** on school field trips for **emergency use only**. This child is capable of and has been instructed in the proper method of self-administration of this medication. This child **may self-medicate** on field trips.

Physician's Signature

Date

Section B (may not self-medicate)

- This child has _____, which can be a potentially life-threatening condition. He/She **may not self-medicate**. A nurse, parent/guardian, designated adult, or trained delegate must accompany the child on field trips to administer the medication, if necessary.

Physician's Signature

Date

II. To be completed by a parent:

- 1). I give permission for my child to receive the above medication as directed by his/her physician. I further understand that this authorization is only effective for the school year for which it is granted and must be renewed for each subsequent school year.
- 2). I, the parent/guardian of _____ hereby acknowledge and agree that the East Greenwich Township School District shall incur no liability as a result of any injury arising from the administration of medication by the pupil, the parent/guardian, or adult(s) designated by the parent/guardian. I further agree that, pursuant to N.J.S.A. 18A:40-12.3(d), I shall indemnify, hold harmless and defend the East Greenwich Township School District, its employees and agents, from and against any and all costs, expenses (including reasonable counsel fees), liabilities, judgements, losses, damages, suits, actions, fines, penalties, claims or demands or any kind and asserted by or on behalf of any person or entity arising out of or in any way connected with the administration of medication.

Parent's/Guardian's Signature

Date

