



THE BRIDGE ACADEMY

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MEDICATION ADMINISTRATION FORM FOR ASTHMA INHALER OR EPIPEN ONLY

Student _____ Date of Birth _____

PARENTAL REQUEST

I give permission for the administration of the following medication to the above named student.

The medication must be brought to the school in the original container appropriately labeled by the pharmacy.

I, the parent/guardian of _____ may self administer the below prescribed **asthma inhaler or epi-pen** as indicated. I understand and agree that the school, school nurse and principal shall incur no liability as a result of any injury arising from the self-administration of medication by the student and I hold harmless the school, school nurse and principal against any claims arising out of the self-administration of medication by the student.

Signature of Parent/Guardian

Date

PHYSICIAN'S STATEMENT

In order to protect the health of the above named patient it is necessary for him/her to have the following medication during school hours.

DIAGNOSIS:

MEDICATION:

DOSAGE:

TIME TO BE ADMINISTERED:

PURPOSE OF MEDICATION:

POTENTIAL SIDE EFFECTS:

DATE TO BEGIN/CONCLUDE:

The above named patient may self-administer their asthma inhaler and/or epipen: Yes _____ No _____

Signature of Physician

Print Physician's Name

Date

Address

Phone