TOTOWA PUBLIC SCHOOLS

OFFICE OF THE SUPERINTENDENT
Washington Park School
10 Crews Street, Totowa, NJ 07512
Phone: 973-956-0010

Patricia Capitelli
Chief School Administrator

Laura Mango RN, BSN
School Nurse

Permission Form for Self-Administration of Medication
2026-2027 School Year

It should be understood that when the Parent(s)/Guardian(s) authorize a medical treatment for their child in school, such authorization includes permission for appropriate communication between the school health professional and the medical prescriber related to the specific treatment in question.

Pupils Name_____
Name of Medication_____
Purpose of its administration to pupil_____
Proper Timing and dose of Medication_____
Time Medication will be discontinued: End of current school year. (2026-2027)

PLEASE CHECK IF TRUE:

--- The pupil is physically fit to attend school and is free of contagious disease.

--- The pupil would not be able to attend school if the medication is not administered.

--- The pupil is sufficiently mature and responsible to self-administer the medication.

--- The risk of improper administration is minimal.

--- All of the above conditions have been met.

**The parents or guardians of the pupil acknowledge that the Totowa school district, the Board of Education, and its employees shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil. Also, the parents or guardians shall indemnify and hold harmless the Totowa School District, the Board of Education, and its employees or agents from any and all claims arising out of the self-administration of medication.

Physician Signature: _____Date:_____

Physician's Name (print) _____
Parent/ Guardian
Signature_____Date:_____

Permission Granted: _____ Principal's Signature: _____ Date: _____

Permission Denied: ____ Principal's Signature: _____ School Physician: _____

Reason for Denial: _____

TOTOWA PUBLIC SCHOOLS

OFFICE OF THE SUPERINTENDENT
Washington Park School
10 Crews Street, Totowa, NJ 07512
Phone: 973-956-0010

Patricia Capitelli
Chief School Administrator

Laura Mango RN, BSN
School Nurse

Permission Form for Administration of Medication
2026-2027 School Year

Medication must come as dispensed by the pharmacy; have the name of the child, prescribing physician, medication, dosage, administration schedule, and the name of the pharmacy on the container. Parents are responsible for bringing the medication to the school and for picking up unused medication.

It should be understood that when the Parent(s)/Guardian(s) authorize a medical treatment for their child in school, such authorization includes permission for appropriate communication between the school health professional and the medical prescriber related to the specific treatment in question.

Pupils Name:_____
Name of Medication:_____
Purpose of its administration to pupil:_____
Proper Timing of Medication:_____
Proper dosage of medication: _____
Possible side effects: _____
Other medication(s) currently being taken: _____
Time Medication will be discontinued: End of current school year. (2026-2027)

The above student is physically fit to attend school, free of contagious disease, and would not be able to attend school unless the above medication can be administered during school time.

Physician Signature: _____Date:_____

Physician's Name (print) _____

Parent/ Guardian
Signature_____Date:_____

Permission Granted: _____ Principal's Signature: _____ Date: _____

Permission Denied: ____ Principal's Signature: _____

Reason for Denial: _____

All discontinued medication(s) must be picked up by the parent within two weeks or it will be discarded.

**The parents or guardians of the pupil acknowledge that the Totowa school district, the Board of Education, and its employees shall incur no liability because of any injury arising from the administration of medication by the school nurse. Also, the parents or guardians shall indemnify and hold harmless the Totowa School District, the Board of Education and its employees or agents from any and all claims arising out of the administration of medication.
Revised 05/2016\