Kenilworth School District
426 Boulevard Kenilworth, New Jersey 07033
Telephone (908) 276-5936 Fax (908) 276-7598

Mr. Sylvan Hershey
Superintendent of Schools

Dr. Scott Taylor
Assistant Superintendent of Schools

PARENT PERMISSION SLIP
FOR
STUDENT SELF-ADMINISTRATION OF MEDICATION

I give permission for _____ (name of child) to self-administer _____ (name of medication) at school according to standard school policy; which policy has been provided to me. I, individually and as guardian for _____ (name of child) hereby release and forever discharge the Kenilworth School District, its employees or agents for any liability which may result from the administration for said medication; including claims for any personal injuries resulting to anyone as a result of the administration of such medication. I, individually, and on behalf of _____ (name of child) agree to and shall save, hold and keep harmless and indemnify the school district from any and all payments, expenses, costs, attorney's fees and for any and all claims for liability and losses or damages of any kind whatsoever to property or injuries to persons occasioned wholly or in part or resulting from any acts or omissions by the district or the school district's employees, agents, successors, or for any cause or reason whatsoever arising out of or by reason of the self-administration of said medication in accordance with policy.

Date _____ Signature of parent/guardian _____

Sworn and subscribed to me this _____ day of _____, _____.

Notary Public _____

Note: This form is to be returned to the school nurse prior to receiving approval for student self-medication.

Quest for Excellence