

WATERFORD TOWNSHIP PUBLIC SCHOOLS

Atco Elementary

Thomas Richards

Waterford Elementary

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School Year: 2016 – 2017

A- PARENT/GUARDIAN

**WATERFORD TOWNSHIP PUBLIC SCHOOLS
PARENT/GUARDIAN AUTHORIZATION FOR SELF-ADMINISTRATION OF
MEDICATION BY CHILD**

To be completed by parent/guardian

I, _____, authorize the Waterford Township School District to permit my child, _____, who attends _____ school, to self-administer medication which has been prescribed by my child's physician, _____. I attest that the need for my child's self-administration of medication is due to a potentially life-threatening illness. I further attest that my child has been instructed in the proper method[s] of self-administration of medication and is capable of safely conducting self-medication.

I understand and fully agree that the Waterford Township School District and its employees or agents shall incur no liability as a result of any injury arising from the self-administration.

I further agree that the authorizations and acknowledgments made herein are effective for a full school year beginning September 1 through June 30, and said authorization shall also include the months of July and August following the school year if my child attends a district summer school. I also understand and agree that permission must be authorized each and every succeeding year through the completion of a new authorization form including a renewed physician's acknowledgement.

Signature of Parent/Guardian

Date:

For School Year Beginning _____