

**MINORS on CAMPUS PROGRAMS MEDICATION FORM**

For your child’s safety, all medication taken by your child must be identified on this form and administered by the Center for Pre-College Programs nurse. Self-administration of medication is prohibited except for the use of life-saving medications such as inhalers and epi-pens which may be carried by your child during program activities. “Medication” is considered to be any substance used to maintain and/or improve your child’s health. This form must be updated each time there is a change in medication, dosage, or time of administration. Failure to do so may result in the exclusion of your child from the program.

Please print in black or blue ink or type.

Child’s Name: \_\_\_\_\_ Child’s Date of Birth \_\_\_\_\_

Please identify medications prescribed by a doctor that your child takes (including life-saving medications such as inhalers and epi-pens). If more space is needed, please use a separate page.

Name of Medication	Purpose of Medication	Will this be taken during program hours?	Medication Administration Information
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Dosage: Frequency: Timing:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Dosage: Frequency: Timing:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Dosage: Frequency: Timing:

Please identify other medications your child takes. This includes over-the-counter medication (aspirin, acetaminophen and antihistamines), vitamins or supplements. If more space is needed, please use a separate page.

Name of Medication	Purpose of Medication	Will this be taken during program hours?	Medication Administration Information
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Dosage: Frequency: Timing:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Dosage: Frequency: Timing:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Dosage: Frequency: Timing:

**AUTHORIZATION OF ADMINISTRATION OF MEDICATION**

All medication will be administered subject to your authorization and the following conditions:

- Your child must know what their medication is, recognize it, know the dosage and when to take it.
- All medication, as well as written cautionary information, must be turned in when your child checks into the program for storage in a safe location except for life-saving medications such as inhalers or epi-pens which may be carried by your child during program activities.
- The medication must be in the original container (with clearly legible pharmacy label attached if prescribed by a doctor) and be marked with your child’s name, dosage and timing of administration.
- Please only provide enough medication for the period of time when your child will attend the program. If asked, many pharmacists will provide a separate container or package.

**By signing below, I provide authorization for the above medication to be administered to my child. I confirm that my child has received necessary instruction on his or her medication. I hereby release NJIT from any and all claims, and covenant not to sue NJIT, for injuries, damages and/or other costs incurred by my child, by me and/or any third party as a result of any administration of medication.**

\_\_\_\_\_  
Signature Confirming Parent/Guardian Authorization

\_\_\_\_\_  
Date