

SELF-ADMINISTRATION OF MEDICATION BY STUDENTS WITH ASTHMA
OR OTHER POTENTIALLY LIFE THREATENING ILLNESSES
PHYSICIAN'S WRITTEN ORDER FOR SELF-ADMINISTERED MEDICATION

I authorize that _____, who suffers from

(Student's Name)

(Asthma/or other potentially life threatening illness)

be permitted to self-medicate with _____
(Medication Name)

(Dosage)

(Time)

I further authorize that this student has been trained and is proficient in the self-administration of the prescribed medication.

The parent(s)/physician is to be contacted under the following circumstances pertaining to this medication and/or illness.

Physician's Signature

Phone Number

Date

Parent(s)/Guardian(s) Signature

Phone Number

Date

NOTE: PHYSICIAN'S AUTHORIZATION MUST BE RENEWED EACH SCHOOL YEAR.

SELF-ADMINISTRATION OF MEDICATION BY STUDENTS WITH ASTHMA

OR OTHER POTENTIALLY LIFE THREATENING ILLNESSES

PARENT(S)/GUARDIAN(S) PERMISSION FOR SELF-ADMINISTERED MEDICATION

Date

Dear Parent:

The Penns Grove-Carneys Point Board of Education has developed a policy whereby students with asthma or other potentially life threatening illness may self-administer medication as prescribed by your family physician.

Please be advised that the school district and its employees/agents shall incur no liability as a result of any injury arising from the self-administration of said medication by _____ (student). The parent(s)/guardian(s) shall indemnify and hold harmless the district and its employees/agents against any claims arising out of self-administering of medication by the pupil.

Please sign below, indicating that you have read and understand the above Release of Liability.

Signature of Parent(s)/Guardian(s)

PARENT(S)/GUARDIAN(S) PERMISSION FOR SELF-ADMINISTERED MEDICATION

Date

I give permission for _____ to self-administer

(Pupil's Name)

(Name of Medication)

according to Dr. _____ written order.

(Physician's Name)

Signature of Parent(s)/Guardian(s)

Note: Release of Liability and Parent Permission must be renewed each school year.