

CALDWELL-WEST CALDWELL PUBLIC SCHOOLS

SELF-ADMINISTRATION OF MEDICATION PERMISSION FORM

A pupil may be permitted to self-administer medication under the following conditions:

- Self-administration of medication by a pupil for asthma or other potentially life-threatening illness or life threatening allergic reaction is permitted in accordance with the provisions of N.J.S.A. 18A:40-12.3.
- The medication must be in the original prescription container, properly labeled.
- Permission is effective for the school year in which it is granted and must be renewed annually.

TO BE COMPLETED BY PHYSICIAN:

NAME OF STUDENT: _____

DIAGNOSIS/ILLNESS: _____

MEDICATION: _____

DOSE: _____ FREQUENCY: _____ DURATION: _____

SPECIAL DIRECTIONS: _____

POSSIBLE SIDE EFFECTS: _____

As the student's health care provider, I authorize that this pupil be permitted to self-administer medication for asthma or other potentially life-threatening illness or a life threatening allergic reaction. I certify that the child has asthma or another life threatening illness, and that the child is capable of and has been instructed in the proper administration of the required medication.

Signature of Prescribing Physician

Date

Physician Address

Physician Phone

PARENT/GUARDIAN AUTHORIZATION:

I hereby give permission for my child to self-administer medication for asthma or other potentially life-threatening illness or a life threatening allergic reaction. I accept full responsibility for my child's use of the medication and will not hold the school district responsible for any injury arising from self-medication.

Parent/Guardian Signature

Date

Daytime Phone