2010-2011
PARENT/GUARDIAN CONSENT FOR STUDENT'S
SELF-ADMINISTRATION OF MEDICATION

TO BE COMPLETED BY PARENT/GUARDIAN

I herby authorize my son/daughter _____
(Student)
to self-administer _____
(Medication)
in accordance with special guidelines.

I acknowledge that the school shall incur no liability as a result of any inquiry arising from the self-administration of medication by _____.
(Student)

I shall indemnify and hold harmless the school, its employees and agents against any and all claims arising out of the self-administration of _____
(Medication)
by _____.
(Student)

_____ _____
Parent/Guardian Signature Date

SELF-ADMINISTRATION OF MEDICATION IN SCHOOL

Under N.J.S.A. 18A:40-12.3, self-administration of medication by a pupil for asthma or other potentially life threatening illness is allowed under guidelines established by the school and provided that the statutory requirements set forth in this form are complied with.

Any permission for the self-administration of medication is effective for this school year only.

N.J.S.A. 18A:40-12.3 PROVIDES THAT THE SCHOOL SHALL INCUR NO LIABILITY AS A RESULT OF ANY INJURY ARISING FROM THE SELF-ADMINISTRATION OF MEDICATION BY A STUDENT.