

**2010-2011
PHYSICIAN CERTIFICATION FOR STUDENT'S
SELF-ADMINISTRATION OF MEDICATION**

CERTIFICATION TO BE COMPLETED BY PHYSICIAN

DIAGNOSIS: _____

NAME OF MEDICATION: _____

DOSAGE: _____

TIME AND CIRCUMSTANCES OF ADMINISTRATION: _____

POSSIBLE SIDE EFFECTS: _____

I certify that _____ has a potentially life threatening
(Student)
illness which requires the use of _____.
(Medication)

I further certify that _____ is capable and has been instructed in
(Student)
the proper method of self-administration of _____
(Medication)

(Signature of Physician) (Date)

PRINTED NAME OF PHYSICIAN: _____

PHYSICIAN TELEPHONE NUMBER: _____

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.