Mount Laurel SCHOOLS
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330 Mount Laurel Road, Mount Laurel, New Jersey 08054
WEBSITE http://www.mtlaurelschools.org

Authorization for Self-Administration of Medication by Student
(This form is invalid unless accompanied by a Physician's Certification)

To: School Nurse School Year: _____

Student Name: _____

Nature of illness: _____

Medication: _____

We, the undersigned, are the parent/guardian of the student named above.

We have been advised by you that legislation has been enacted allowing parent(s) or guardian(s) of a pupil who has asthma or another potentially life-threatening illness to authorize self-administration of medication by the pupil so long as the pupil's physician certifies to you that the pupil is capable of and has been instructed in the proper method of self-administration of medication. You have also advised us that if we do give this authorization, the school district and its employees and agents will incur no liability as a result of any injury arising from self-administration of medication by the pupil.

The pupil named above suffers from the illness or condition identified at the top of this form and is required to take the medication also identified at the top of this form.

We authorize the pupil named above to administer this medication to him/herself while the pupil is under your jurisdiction.

We acknowledge that the school district and its employees and agents shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil and we agree to indemnify and hold harmless the school district and its employees and agents against any claims arising out of the self-administration of medication by the pupil.

We understand that this authorization only applies to this current school year. We have the right to choose whether or not to furnish a new authorization for each future school year.

_____ _____
Parent/Guardian Signature Date

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Physician Certification for Self-Administration of Medication by Student

To: School Nurse **School Year:** _____

Patient's Name: _____

Medical Diagnosis: _____

Medication/Dosage: _____

Side Effects: _____

The minor individual named above is my patient. I understand that this patient is a student in your school district.

I further understand that Chapter 308 of the Laws of 1993 allows the parent(s) or guardian(s) of a pupil who has asthma or another potentially life-threatening illness to authorize self-administration of medication by the pupil so long as the pupil's physician certifies to the school district that the pupil is capable of, and has been instructed in, the proper method of self-administration of medication.

My patient has an illness or condition identified at the top of this form and is required to take the medication also identified at the top of this form.

My patient is capable of, and has been instructed in, the proper method of self-administration of this medication. In the event that the medication that I have prescribed is changed in the future, I will assure that my patient remains capable of, and had been instructed in, the proper method of such-administration.

I understand that the authorization by my patient's parent(s) or guardian(s) is effective only for the current school year and must be authorized by them for each future school year. Any such authorization by my patient's parent(s) or guardian(s) for any future school year must be accompanied by a new certification by me.

PHYSICIAN'S SIGNATURE/STAMP: _____

DATE: _____

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INDEMNIFICATION/HOLD HARMLESS AGREEMENT FOR SELF-ADMINISTRATION OF MEDICATION

The parent(s) guardian(s) agree(s) to indemnify, defend and hold the school district harmless from any and all claims, actions, costs, expenses, damages, and liabilities, including attorney's fees, arising out of, connected with, or resulting from, the self-administration of medication by the pupil. The parent/guardian(s) agree(s) to extend this indemnification/hold harmless agreement to the Board of Education employees and its agents. The parent(s) guardian(s) agree that the school district, Board of Education, Board of Education employees and its agents shall incur no liability as a result of any injury arising out of, or connected with, the self-administration of medication by the pupil.

This agreement shall take effect on the date listed below and shall stay in effect for as long as the pupil is provided permission to self-administer medication. This agreement must be signed and in full effect prior to the granting of permission to self-administer medication.

Student Name: _____

Parent/Guardian Name: _____

School Nurse: _____

Parent/Guardian Signature: _____

Date of Agreement: _____