

PEMBERTON TOWNSHIP SCHOOLS

1 Egbert St.

Pemberton, New Jersey 08068

STUDENT SELF-MEDICATION PERMISSION FORM

*State Law 18A:40-12.3 allows for pupils to self-administer medication for asthma or other potentially life-threatening illnesses, provided certain stipulations are followed.

(This form only to be used for inhalers and epi-pens.)

TO BE COMPLETED BY PHYSICIAN

I hereby authorize the following student to self-administer the medication listed below:

Name of Student _____ School _____ Grade/HR _____

Medication _____ Diagnosis _____

Dosage _____ Frequency _____ Time to be given _____

*Self-administration of medication shall be **limited to the use of inhalers or epi-pens**: I hereby certify that this student has _____ (a potentially life-threatening condition); has been trained in the use of _____ (name of inhaler/epi-pen), and is capable of self-administration of this medication for the _____ school year.

Printed Name of Physician

Signature of Physician

Telephone Number

Date

TO BE COMPLETED BY PARENT/GUARDIAN

*I give my child permission to carry and use _____ (name of inhaler/epi-pen). I understand the district/school shall incur no liability as a result of any injury arising from the self-administration by the pupil and that the parents/guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of administration of the epinephrine via a pre-filled auto-injector mechanism. (If parents would like a delegate for epi-pen administration please contact the school nurse)

State law mandates that once epinephrine has been administered the student must be transported to a hospital by emergency services personnel.

Signature of Parent/Guardian _____ Date _____

Signature Dir. of Student Personnel Services _____ Signature School Nurse _____

Please complete Liability Waiver for Self-Medication (Indemnification Agreement) on the other side of this form.



PUBLIC SCHOOLS OF Pemberton Township

One Egbert Street, Pemberton, NJ 08068
Phone: 609-893-8141 1-1008 Fax: 609-894-0585
Mike Gorman, Superintendent
Barbara Greco, Director of Student Personnel Services

TO: Pemberton Township Board of Education
FROM: Pemberton Township High School
DATE:
RE: Liability Waiver for Self-Medication

Indemnification Agreement

This agreement made this _____ day of _____,
200__ by _____ (name of parent and or legal guardian),
having an address of _____,
and the Pemberton Township Board of Education.
_____, the parent(s) and or
legal guardian(s) of _____, hereby
promise(s), covenant(s) and agree(s) to hold harmless, protect and indemnify the Pemberton
Township Board of Education from and against any/all liabilities, losses, damages, expenses
and charges which are sustained or incurred by the Pemberton Township Board of Education
arising directly or indirectly out of the self-administration of medication by _____
_____.

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Pemberton Township Board of Education Representative

Office: One Egbert Street, Pemberton, New Jersey 08068-0228
PHONE: 609-893-8141 Ext. 1008 (Press 1 - 1008) Fax: 609-894-0585 EMAIL: bgreco@pemb.org