

VOORHEES HIGH SCHOOL
256 County Road 513
Glen Gardner, NJ 08826
Phone: 638-2148 Fax: 638-2188
INHALER OR EPI-PEN
SELF-ADMINISTRATION FORM
(One medication per form)

New Jersey Statutes, Title 18.A:40-12.3 directs that students may be permitted to self administer medications for asthma or other life-threatening illnesses provided proper procedures are followed. This form must be completed by the physician and parent **annually** for any student requiring self-administration of an inhaler or Epi-pen.

To be completed by the physician:

I am treating _____ for _____
Student name condition/illness
and prescribe the following medication/treatment: _____

I acknowledge that this pupil is capable of and has been instructed in the proper method of self administration of this medication.

Dosage _____ Frequency _____ Route _____

How soon can medication be repeated _____

Side effects _____

Length of treatment is recommended _____
(School Year)

Date Physician Signature and Stamp

Parent permission:

I request that my child _____ d.o.b. _____

Be permitted to self-medicate as prescribed above for the following condition:

I understand the North Hunterdon-Voorhees High School District and its agents shall incur no liability as a result of any injury arising from self-administration of medication by the pupil and that we parents shall indemnify and hold harmless the district and its employees against any claims arising out of the self-administration of medication by the pupil.

I give permission for the information included on this form to be shared with the appropriate staff members, coaches, and transportation personnel from the safety and welfare of my child.

Date Parent Signature