

NORTH HUNTERDON-VOORHEES REGIONAL SCHOOL DISTRICT
NORTH HUNTERDON HIGH SCHOOL
1445 Route 31 Annandale, N.J. 08801
Phone: 908 -713-4171 Fax: 908-713-4403

Self-Administration of INHALER
ONLY ONE MEDICATION PER FORM

New Jersey Statute, Title 18A:40-12.3., directs that students may be permitted to self-administer medications for asthma or other potentially 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.

Student's Name _____ **Birthdate** _____ **Grade** _____

Section I - To be completed by the physician

1. **Diagnosis** _____ **Allergies** _____

2. **Medication** _____ **Dosage** _____ **Frequency** _____ **Route** _____

Symptoms/Indications _____

How soon can the medication be repeated? _____

Possible side effects _____

Length of time treatment is recommended _____
(School Year)

3. **This student has been instructed in and is capable of the proper method of self-administration of the medication prescribed above. YES ___ NO ___**

4. **This student understands the purpose, appropriate method and frequency of use of the medication prescribed above. YES ___ NO ___**

Physician's Signature

Date

Physician's Name/Stamp

Section II - To be completed by the parent/ guardian

I request that my child, _____, be allowed to carry the following medication: _____ for self-administration. This request is for the 20____ to 20____ school year. The inhaler will be labeled with his/her name.

I understand that the North Hunterdon-Voorhees High School District and its employees or agents shall incur no liability as a result of any condition or injury arising from the self-administration by the student of the medication prescribed on this form. I indemnify and hold harmless the North Hunterdon-Voorhees High School District and its employees or agents against any claims arising out of self-administration of the medication by the student.

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

Signature of Parent/ Guardian

Date