

Voorhees High School
256 County Route 513, Glen Gardner, NJ 08826
Phone: 908-638-2148 Fax: 908-638-2188

Self-Administration Form for Inhaler

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.

To be completed by the physician:

I am treating _____ for _____ and prescribe the following
Student Name Condition/illness

Medication _____ Dosage _____ Frequency _____ Route _____

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

Date

Physician Signature and Stamp

Parent permission:

I request my child _____ birth date _____

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 for the safety and welfare of my child.

Date

Parent/Guardian Signature
