

AUDUBON PUBLIC SCHOOLS
Haviland Avenue Elementary School
240 S. Haviland Avenue
Audubon, New Jersey 08106

Emergency/Self-Administered Medication Consent Form

Completed by the School:

Student's Name _____
Student's Grade _____ Teacher _____

Completed by the Physician:

Physician's Order

Date of Order: _____
Name of Medication: _____
Dosage: _____
Time and Circumstance of Administration at School:

Can a Reaction be Expected? _____ Yes _____ No
If yes, describe: _____

I certify that the student has a life threatening illness and that he/she is capable and has been instructed in the proper administration of the medication.
_____ Yes

Physician's Signature _____ **Phone** _____

Completed by the Parent/Guardian:

Parent/Guardian Authorization

I have received and read the Self-Administered Medication Policy. I hereby give permission for prescribed medication to be administered during the school day to my child. Medication must be brought to school in the original container with the current prescription label on the container or it will not be given. If physician has indicated student is capable and has been instructed in the proper method of self administering medication needed for a potentially life threatening illness, I give parental consent for child to self-administer this medication with the full understanding and acknowledgement that the Audubon School District shall incur no liability as a result of any injury resulting from the self-administration of medication. I further indemnify and hold harmless the Audubon School District and its employees against any claims arising from my child's self-administration of medication. This consent is valid for the current school year only.

Parent/Guardian Signature _____ **Date** _____

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Self-Administered Medication Policy

1. A student may be permitted to self-administer medication for asthma or other potentially life threatening illnesses such as bee sting allergies.
2. A written note from the student's physician is required. The physician must certify that the student has asthma or another life threatening illness and that he/she is capable of and has been instructed in the proper administration of the required medication.
3. A written authorization from the parent/guardian for the administration of the medication is also required.
4. The district board of education must inform the parent/guardian in writing that the school district shall incur no liability as a result of any injury arising from the self-medication.
5. The parent/guardian must sign a statement indemnifying and holding the school district harmless against any injury or claims that arise as a result of the student's self-administration.
6. Permission is effective for the school year for which it is granted and must be reviewed annually.
7. Permission may be revoked if the school nurse has reason to believe that the inhaler/epi-pen are being used inappropriately.