

**Midland School  
Rochelle Park, New Jersey 07662**

**Written Authorization for Self-Administration of Medication by Student**

Students may be permitted to self-administer medication for asthma or other potentially life threatening illnesses, during regular daily school hours and in the absence of the school nurse during after-school activities, while participating on a field trip, or in other instances where the school nurse is unavailable. A life threatening condition is defined as a condition that requires an immediate response to specific symptoms or sequelae that if left untreated may lead to potential loss of life. In accordance with N.J. law, pupils may self-administer medication in such situations only when authorized by the parents/guardians and the pupil's physician.

Parents must complete and return this form and the physician's certification to the school nurse in order to be permitted to self-administer medication. In addition, all students submitting this form must report to the school nurse with the medication and demonstrate that they have proper knowledge in the use of the prescribed medication. Students deemed responsible may carry their prescribed medication on their person, in the original labeled container. Self-medication privileges will be forfeited if the student does not use the medication properly, or its supervision and storage of medication is requested in writing by the parent/guardian due to age or special needs factors.

Name of student \_\_\_\_\_ Grade/Class \_\_\_\_\_

Name of medication \_\_\_\_\_

I/We certify that our child suffers from the following life-threatening illness:

\_\_\_\_\_

I/We hereby request that my/our child be allowed to carry/keep and self-administer the above medication as indicated by the physician (physician's certification attached). I/We verify that my/our child knows how to administer the medication. I/We understand that it is my/our responsibility to provide the medication and absolve the school of any responsibility in safeguarding my/our child's medication.

I/We have been informed by the Rochelle Park Board of Education that the Midland School, the Board of Education, its employees and/or agents shall incur no liability as a result of any injury arising from the self-administration of this medication by my/our child. I/We acknowledge that the Midland School, the Board of Education, its employees and/or agents shall incur no liability as a result of any injury arising from the self-administration of this medication by my/our child and shall indemnify and hold harmless the Midland School, the Rochelle Park Board of Education, its employees and/or agents against any and all claims that may arise out of the self-administration of medication by our student.

I/We understand that this approval is granted for the current school year and must be renewed for each subsequent school year.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature