

Eastern Camden County Regional School District

Department of Student Health Services

Senior High School
Cathy D'Ascenzo, RN
856-784-4441 x 1136

Intermediate High School
Yolanda Small, RN
856-784-4441 x 1250

**PHYSICIAN CERTIFICATION FOR SELF-ADMINISTRATION
OF MEDICATION**

PER TITLE 18a:40-12, 3 et. Seq.

I certify that _____

has a "severe food allergy" or a potentially life threatening condition,

(please specify) _____ and is capable

of, and has been instructed in the proper method of self-administration

of _____. This student therefore, is

permitted to carry and self-administer the above medication.

Date _____

Physician's Signature _____

Physician's phone number _____

Office Address _____

Physician's Stamp