

EASTERN CAMDEN COUNTY REGIONAL SCHOOL DISTRICT
Department of Student Health Services

PARENT PERMISSION FORM TO SELF MEDICATE
SEVERE ALLERGY – NON-ASTHMA

Senior High School
Nurse
784-4441 x 1136

Intermediate High School
Nurse
784-4441 x 1250

Date _____

To the Parent(s)/Guardian(s) of _____ ID# _____

Pursuant to Title 18A:40-12.3et seq., students who have a potentially life threatening illness*, are permitted, when capable, to carry and self-administer prescribed medication. The Board of Education will grant permission for a student to self medicate under condition that the district and its employees or agents shall incur no liability as a result of any injury arising from self medication. Parent(s) or guardian(s) agree to supply the following:

1. Written authorization from parent(s) or guardian(s) for self-administration of medication by the student. This authorization shall be a signed, notarized statement that the district, it's employees and agents shall incur no liability as a result of injury arising from the self-administration of medication by the pupil. The above may be notarized in a District Guidance Office.

2. Written certification from the student's physician for self-administration of medication.

Per statute, this permission is granted for one school year.

Necessary forms are available from district health offices.

*Per New Jersey State Department of Health and the New Jersey Chapter of the American Academy of Pediatrics:

Life threatening illness means an illness or condition that requires an immediate response to specific symptoms of sequelae that if left untreated may lead to potential loss of life such as, but not limited to, the use of an inhaler to treat an asthma attack or the use of an adrenaline injection to treat a potential anaphylactic reaction.

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To: The Board of Education of Eastern Camden County High School District

From: _____

Address: _____

Date: _____

My son/daughter _____

Has my permission to self-administer _____.

I acknowledge that the Eastern Camden County Regional School District, its employees and agents shall incur no liability as a result of any injury arising from the self-administration of the above medication. We, the parents of guardians, indemnify and hold harmless the district, its employees and agents against any claims arising out of the self-administration of medication. I/we further acknowledge that my/our child will not give this medication to any other student.

SIGNED** _____

**This form is to be signed in the presence of a notary public

Laurel Oak Road . Box 2500 . Voorhees, NJ 08043 . 08043-0915