

Hamburg School Health Office
30 Linwood Ave. - Hamburg, NJ 07419
973-827-7570 * Fax: 973-827-3624
Self-Administration of Medication Request

Student Name: _____ DOB: _____ Homeroom: _____

Parent/Guardian: _____ Daytime Telephone: _____

To be completed by Physician:

I am recommending that the above mentioned student be allowed to self-administer the following medication:

Name and purpose of medication: _____

Identification of Chronic Medical Problem: _____

Prescribed dosage to be taken: _____

Length of time medication must be taken: _____

Possible side effects and/or special precautions to be taken: _____

Physician's statement:

I certify that this student has had training in the use of this medication and is proficient in self-administering it.

Physician's Name/Stamp Telephone Number

Physician's Signature Date

To be completed by parent/guardian:

- I give my permission for my child to self-administer the medication described above. Hamburg School shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil and that the parents or guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the self-administration of medication by the pupil. I will notify the school nurse if this medication is no longer required or self-administration is not longer directed by the physician as needed.
- I have read and agree to the self-administration requirements listed on the reverse side of this form.

Parent/Guardian Signature

Date

Hamburg Board of Education Self-Administration of Medication Requirements

The Hamburg Board of Education will permit the self-administration of medication by a student for asthma or other potentially life-threatening illnesses provided that:

1. The parents or guardians of the student provide to the School Nurse written authorization for the self-administration.
2. The parents or guardians of the student provide the School Nurse written certification from the physician of the student that the student has asthma or another potentially life-threatening illness and is capable of, and has been instructed in, the proper method of self-administration of medication.
3. The Board of Education informs the parents or guardians of the student, in writing, that the district and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the student.
4. The parents or guardians of the student sign a statement acknowledging that the district shall incur no liability as a result of any injury arising from the self-administration of medication by the student and that the parents or guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the self-administration of medication by the student.
5. The permission is effective for this school year in which it is granted and is renewed for each subsequent school year upon fulfillment of the requirements of this memo.