SELF MEDICATION PERMISSION FORM

In accordance with Chapter 308, P.L. 1993, this form must be signed by the parents or guardians of any student who wishes to self-administer medication. Please complete **Asthma Treatment Plan** for inhalers.

We _____ and _____ **(Print names of parents)** are the parents or guardians of _____ **(Print name of student)** _____ **(Grade)** a student in the Toms River Regional Schools. As required by law, this form provides to the Toms River Board of Education our written authorization for our child to self-administer medication. We further acknowledge, that by copy of this form, the Toms River School Board has informed us that the district, it's employees or agents, shall incur no liability as a result of any injury from the self-administration of medication by our child and we expressly agree to defend, protect, indemnify, and hold harmless the Toms River School District, and it's employees or agents, from all losses, costs, suits or claims which may result from the self-administration of medication by our child.

This form is the written certification of our physician verifying the diagnosis of my child as potentially life-threatening and the provision of medication instructions. Permission for our child to self-administer medication is effective upon approval and notification by the Toms River Regional School Board. Permission remains effective only for the present school year.

_____ _____

Signature of Parent/Guardian Date

PHYSICIAN CERTIFICATION FOR SELF MEDICATION BY STUDENT

In accordance with Chapter 308, P.L. 1993, I _____ (**Print name of Physician)** certify that I am the Physician of _____ (**Print student's name).** This patent suffers from _____ **(Print name of illness),** potentially life-threatening illness, and is capable of, and has been instructed in, the proper method of self-administration of medication / and or a

Name of Medication: _____

Dose/Route: _____ Time: _____

Known Allergies:_____ Date:_____

Signature of Physician: _____ Physician Stamp:

Please return this form to the Nurses Office

Revised 3/07, 5/07, 4/09, 9/2016