

**MILLVILLE PUBLIC SCHOOLS  
MILLVILLE, NEW JERSEY**

**Appendix C**

**RELEASE FORM FOR SELF-ADMINISTRATION OF MEDICATION BY THE STUDENT**

To: \_\_\_\_\_ School Nurse

Re: \_\_\_\_\_ DOB \_\_\_\_\_  
Student name

Chapter 388 of the Laws of 1993 State of New Jersey permits the parent/guardian of a student who has asthma or other potentially life threatening illness to authorize self-administration of medication by the student, if the student's physician certifies to the school district personnel that the student is capable of, and has been instructed in, the proper method of self-administration of self medication.

\_\_\_\_\_ has been instructed in the use of \_\_\_\_\_ (medication). We request that he/she be permitted to carry the medication for life-threatening illness on his person, as we consider him/ her responsible. He / She has been instructed in and understands the purpose and appropriate method and frequency of use of the medication.

We authorize the student named above to administer \_\_\_\_\_ to him/herself while involved in school or school- related activities.

We acknowledge that the Millville Public Schools and its employees and agents shall incur no liability as a result of any injury arising from self-administration of medication by the student. We agree to indemnify and hold harmless the school district and its employees and agents against any claims arising from self-administration of life-saving medication by the student.

We understand that the authorization by the student's parent/guardian is effective for the current school year. Any such reauthorization by the student's parent/guardian for future school years must be accompanied by a new certification from the physician.

Nature of life-threatening condition: \_\_\_\_\_

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

Dosage and route: \_\_\_\_\_

Frequency of use: \_\_\_\_\_

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Nurse's signature

\_\_\_\_\_  
Principal's signature