

**AUDUBON JR/SR HIGH SCHOOL**  
**EMERGENCY MEDICATION SELF-DISPENSING FORM**  
**FOR**  
**STUDENTS WITH POTENTIALLY LIFE-THREATENING EMERGENCIES**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name of Medication \_\_\_\_\_ Prescription \_\_\_\_\_ Non-Prescription \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Route of Administration \_\_\_\_\_ Reason for Medication \_\_\_\_\_

Known Allergies \_\_\_\_\_

Possible Side Effects \_\_\_\_\_

Effective Dates (limited to one school year) From \_\_\_\_\_ 20\_\_ to \_\_\_\_\_ 20\_\_

It is my understanding that nurses of the Audubon School District charged with the administration of medication may rely upon my directions as contained in this document. Students with **potentially life-threatening illnesses**, deemed sufficiently responsible by their physicians, parents/guardians, and the school nurse shall be permitted to have in their possession prescribed medication for the treatment and prevention of life threatening illnesses or conditions during school hours, athletic events, and practices, and field trips. **I hereby deem the above-named student capable, having been instructed in the proper method of self-administration of medication pursuant to Chapter 308 of the laws of 1993, to carry his/her prescribed medication on his/her person and give authorization for self-medication listed above.** I further certify that I am the health care provider who prescribed the medication and that the student named above is under my supervision as a patient for diagnosis and treatment. Any alteration to the above will occur only with written directions from the attending health care provider.

\_\_\_\_\_  
Health Care Provider's Name (PLEASE PRINT)

\_\_\_\_\_  
Health Care Provider's Signature (Stamped signature is **not** acceptable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

**SELF-ADMINISTERED MEDICATION POLICY**  
**(District Policy 5330-Administration of Medication)**

1. A student may be permitted to self-administer medication for asthma or other potentially life-threatening illnesses such as allergies.
2. A written note from the student's physician is required. The physician must certify that the student has asthma or another life-threatening illness and that he/she is capable of and has been instructed in the proper administration of the required medication.
3. A written authorization from the parent/guardian for the administration of the medication is also required.
4. The district board of education must inform the parent/guardian in writing that the school district shall incur no liability as a result of any injury arising from the self-medication.
5. The parent/guardian must sign a statement indemnifying and holding the school district harmless against

any injury or claims that arise as a result of the student's self-administration.

6. Permission is effective for the school year for which it is granted and must be reviewed annually.

7. Permission may be revoked if the school nurse has reason to believe that the inhaler/epi-pen are being used inappropriately.

**STUDENT SELF-ADMINISTERED MEDICATION POLICY  
(FIELD TRIP SPECIFIC)  
(District Policy 2340-Field Trips)**

The Board shall permit self-administration of medication on field trips for asthma or other potentially life-threatening illness by students in grades Kindergarten through twelve, as per completed physician's self-administration form. All conditions established by law and Board policy shall be met.

NOTE: This section applies to the emergency administration of epinephrine on field trips.

Epinephrine shall be administered via epi-pen to students in emergencies on field trips by the school nurse, his/her designee(s), the student's parent/guardian or the student himself/herself, in accordance with Board policy.

N.J.S.A. 18A:36-21 et seq.; 18A:53-2

**Parent/Guardian Authorization**

I have read the Self-Administered Medication Policy written above. I hereby give permission for prescribed medication to be administered during the school day to my child. Medication must be brought to school in the original container with the current prescription label on the container or it will not be given. If a physician has /indicated student is capable and has been instructed in the proper method of self-administering medication needed for a potentially life-threatening illness, I give parental consent for child to self-administer this medication with the full understanding and acknowledgement that the Audubon School District shall incur no liability as a result of any injury resulting from the self-administration of medication. I further indemnify and hold harmless the Audubon School District and its employees against any claims arising from my child's self-administration of medication. This consent is valid for the current school year only.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note: All medication must be brought to the nurse's office by a parent/guardian. Students cannot bring in the medication, unless the student is authorized with written permission by physician and parent to self-carry a life-saving medication as indicated above.

PLEASE NOTE: ALL UNUSED MEDICATION NEEDS TO BE PICKED UP BY PARENT/GUARDIAN FROM NURSE'S OFFICE BEFORE LAST DAY OF SCHOOL EACH ACADEMIC YEAR, OR IT WILL BE DISPOSED OF IN ACCORDANCE WITH FEDERAL, STATE, AND LOCAL LAW.