



PERMISSION TO SELF-CARRY & SELF-ADMINISTER MEDICATION IN SCHOOL:

In accordance with 18A:40-12.3, pupils with asthma or other potentially threatening illness or a life threatening allergic reaction shall be permitted to self-administer medication provided that:

- *The pupil will be required to have **written certification from the physician** of the pupil that the pupil has asthma or another potentially life-threatening illness or is subject to a life-threatening allergic reaction and is capable of, and has been instructed in, the proper method of self-administration of medication.*
- *The **parents/guardians of the pupil will provide written authorization** for self-administration of medication. The parents/guardians of the pupil will sign a statement of acknowledgement that the school will incur no liability as a result of injury arising from the self-administration of medication by the pupil.*
- *The **student MUST demonstrate to the school nurse** that they have proper knowledge and use of their medication.*
- *The **health office MUST be supplied with a second inhaler or epinephrine auto-injector!** (In the event that the student’s emergency medication is forgotten or lost, we want to ensure that a second emergency medication is available).*
- *All of the above must be renewed at the beginning of each school year.*
- *Students under grade seven will **NOT** be permitted to self-carry or self-administer medication in school. Students through grade six must keep all medication in school health office.*
- *Students that require asthma medication with nebulizers must provide the health office with a mask, chamber and tubing.*
- *If there is a change in an original medication order, the physician must provide a written order. Verbal orders will not be accepted.*

Please read and sign page 2 of the Individualized Care Plan for Asthma and/or Allergic reactions.

If the student is able to self-administer emergency medication and will be carrying the medication on them in school, please provide the nurse’s office with a spare inhaler and or/epinephrine auto-injector to be used in an emergency as needed.

By signing below, I am verifying that my child _____, has a potentially life threatening illness and **has been instructed in self-administration of the prescribed medication** in a life threatening situation. I hereby give permission for my child to self-administer prescribed medication.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date