

Date: _____

Self-Administration of Medication Form

School Name: St. Augustine of Canterbury

School Address: 45 Henderson Road, Kendall Park, NJ 08824

School Telephone Number: 732-297-6042

School Fax Number: 732-297-7062

Name of Principal: Edward Modzelewski

Name of Nurse: Donna Hermosilla

**PARENT/GURADIAN CONSENT FOR SELF-ADMINISTRATION OF MEDICATION
IN CERTAIN CIRCUMSTANCES; WAIVER OF LIABILITY AND AGREEMENT TO
INDEMNIFY AND HOLD HARMLESS THE SCHOOL AND RELATED PERSONNEL**

Student Name: _____ ("Student") has a life-threatening illness, or potential for life threatening allergic reaction that could result in anaphylaxis. This Student requires the administration of medication, including, if appropriate, an asthma inhaler or epinephrine by pre-filled, single-dose auto-injector in the event of anaphylaxis. We authorize our child to self-administer _____ ("Medication(s)"). As to all medications, we understand that a physician or advanced practice nurse must request administration of medication by specifying a specific drug, stating the condition for which it is needed, the dosage, times, circumstances for dispensing medication and any contradictions. In case of epinephrine, a physician or advanced practice nurse must state that it is for anaphylaxis. We have received a copy of school policy regarding administration of medicines at school and we and our child agree that we will at all times abide by the policy. We understand that if dispensing of medication is permitted, it is our obligation to provide the school with the written orders of a physician or advanced practice nurse that our child requires the administration of the Medication(s), and is capable of, and has been instructed in, the proper self-administration of the Medication(s). In the event of self-administration of epinephrine, we understand that our child will be immediately transported to a hospital following the injection of epinephrine, and it is our obligation to provide the school with working telephone numbers where we can be reached at all times and our responsibility (not the school's responsibility) to attend to our child once the emergency squad leaves the school or school activity with the child.

named herein). We understand and agree to so advise our physician/advanced practice nurse that the school will not dispense medication on those days when the school nurse is not available at school, except for the emergency administration of epinephrine. We acknowledge that it is our obligation to contact the school each day to verify that the school nurse will be available to dispense the medication and, if not, make arrangements so that we can dispense the medication to our child. We acknowledge and understand that no other person at, or affiliated with, the school is authorized to dispense medication to our child – the only exception is emergency administration of epinephrine (when the school nurse has trained a volunteer designee and the volunteer designee is available to administer the epinephrine in case of an anaphylactic reaction). In such case, we understand that our child will be immediately transported to a hospital following the injection of epinephrine, and it is our obligation to provide the school with working telephone numbers where we can be reached at all times and our responsibility (not the school's responsibility) to attend to our child once the emergency squad leaves the school or school activity with the child.

WE UNDERSTAND THAT THE SCHOOL, ITS EMPLOYEES, AFFILIATED INDIVIDUALS AND AGENTS SHALL INCUR NO LIABILITY AS A RESULT OF ANY INJURY ARISING FROM THE ADMINISTRATION OF MEDICATION(S) TO THE STUDENT, INCLUDING EPINEPHRINE VIA A PRE-FILLED, AUTO-INJECTOR MECHANISM, PURSUANT TO THIS POLICY. WE AGREE TO INDEMNIFY AND HOLD HARMLESS THE SCHOOL, ITS EMPLOYEES, AFFILIATED INDIVIDUALS AND AGENTS AGAINST ANY CLAIMS ARISING OUT OF THE ADMINISTRATION OF MEDICATION(S) TO THE STUDENT, INCLUDING EPINEPHRINE VIA A PRE-FILLED, AUTO-INJECTOR MECHANISM.

Note: With respect to epinephrine, neither the capability of self-administration, the presence of antihistamine or another form of medication coupled with epinephrine in the doctor's order, nor a co-morbidity of asthma precludes an epinephrine administration and/or delegation for a student for anaphylaxis. Epinephrine administration by a trained adult will be made available and accessible to a child who needs it by also completing the separate requirements for administration of epinephrine as an emergency medication by the school nurse or his/her designee.

Permission is effective for the school year for which it is granted and must be renewed for each subsequent school year.

Parent/Guardian's Name:

(1) _____ (2) _____

Parent/Guardian's signature:

(1) _____ (2) _____