

**KINNELON PUBLIC SCHOOLS  
KINNELON, NEW JERSEY 07405**

**AUTHORIZATION FOR SELF-ADMINISTERED ASTHMA/ EMERGENCY  
MEDICATION**

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DOB \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ TELEPHONE (Home) \_\_\_\_\_  
(Work) \_\_\_\_\_

I give my permission for my child to self-administer the medication described below. I shall indemnify and hold harmless the district and its employees or agents for legal fees, costs and any potential damages concerning self-administration of this medication arising out of any claims brought by the above named child or anyone else.

\_\_\_\_\_  
Parent / Guardian signature

\_\_\_\_\_  
Date

**THE FOLLOWING IS TO BE COMPLETED BY THE PHYSICIAN**

I am recommending that the above named student be allowed to self-administer the following medication:

\_\_\_\_\_  
Name and purpose of medication \_\_\_\_\_

Identification of chronic medical problem: \_\_\_\_\_

Prescribed dosage to be taken: \_\_\_\_\_

Length of time medication must be taken: \_\_\_\_\_

Possible side effects and / or special precautions: \_\_\_\_\_

Conditions under which self-medication will take place:

\_\_\_\_\_ Independently Child must have had training and be proficient in self-administering medication.

Trainer's Name: \_\_\_\_\_ Date of Training: \_\_\_\_\_

\_\_\_\_\_ Under the supervision of the school nurse.

Medication should be \_\_\_\_\_ stored in the health office  
\_\_\_\_\_ In the possession of the student

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Stamp or Type Physician's Name

**KINNELON PUBLIC SCHOOLS  
KINNELON, NJ 07405**

James Opiekun  
Superintendent of Schools

Richard Maizell, Psy.D  
Director of Special Services

**INDEMNIFICATION/ HOLD HARMLESS AGREEMENT FOR  
SELF – ADMINISTRATION OF MEDICATION**

STUDENT'S NAME \_\_\_\_\_

The parent(s) guardian(s) agree to indemnify, defend and hold the school district harmless from any and all claims, actions, costs, expenses, damages and liabilities, including attorney's fees, arising out of, connected with or resulting from the self-administration of medication by the pupil. The parent(s) guardian(s) agree(s) to extend this indemnification/hold harmless agreement to the Board of Education, Board of Education employees and its agents. The parent(s) guardian(s) agree(s) that the school district, Board of Education, Board of Education employees and its agents shall incur no liability as a result of any injury arising out of or connected with the self-administration of medication by the pupil. Specifically, the parent(s) guardian(s) agree that they will not institute either on their own behalf or on behalf of the pupil, any claim or action against the Board of Education, Board of Education employees and its agents arising out of or connected with self-administration of medication by the pupil.

This agreement shall take effect on the date listed below and shall stay in effect for as long as the pupil is provided permission to self-administer medication. This agreement must be signed and in full effect prior to the granting of permission to self-administer medication.

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Building Principal Name

\_\_\_\_\_  
Date of Agreement