

**SPRINGFIELD BOARD OF EDUCATION  
SPRINGFIELD, NEW JERSEY 07081**

**Request for Self-Administration of Medication**

Asthma Inhalers \_\_\_\_\_ Epinephrine \_\_\_\_\_

Student's Name \_\_\_\_\_

School \_\_\_\_\_ Date of Birth \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN:**

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

Name of Medication \_\_\_\_\_

Diagnosis for which medication is given: \_\_\_\_\_

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

If DAILY, at what time? \_\_\_\_\_

If PRN, describe indications: \_\_\_\_\_

How soon can it be repeated? \_\_\_\_\_

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

Length of time this medication is prescribed: \_\_\_\_\_

Conditions under which self-administration will take place:

Independently. Child has been trained and is proficient in self-administering medication

Under the supervision of the school nurse.

Medication should be  stored in the nurse's office or designated area.  
 in the possession of the student.

\_\_\_\_\_  
Physician's Name (print)

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

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

**To the Completed by Parent:** I give my permission for my child to self-administer the medication described above. I will notify the school nurse if this medication is no longer required or self-administration is no longer directed by the physician.

This medication is to be provided by me in the original labeled-container. To my knowledge, my child is not allergic to this medication.

I hereby release and hold harmless the Board, its agents, servants, and employees from any and all liability for injuries or other damages which may result to the student, his / her servants and representatives which may result from administration of the medication.

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

\_\_\_\_\_  
School

\_\_\_\_\_  
Date

**To the Completed by the Student:** I understand that I will use this medication as directed by my physician.

I will be responsible and discreet in using this medication and should have this medication readily accessible.

I have been instructed how to self-administer this medication and understand the side effects of improper use.

The medication must be carried in the original labeled pharmacy container.

I understand that if I do not abide by these regulations I may forfeit the right to carry and self-administer this medication.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
School

\_\_\_\_\_  
Date