

Warren Township
Form/Procedures for students to self-administer Medication for:

Name of Student: _____

Asthma Bill 2600 was signed into law on December 23, 1993 which authorizes Boards of Education to permit self-administration by a pupil for asthma or *other Potentially life-threatening illnesses*.

"Life-threatening Illness" has been defined as an illness or condition that requires an immediate response to specific symptoms or sequelae that if left untreated may lead to potential loss of life such as, but not limited to, the use of an Inhaler to treat an asthma attack or the use of an adrenaline injection, to treat a potential anaphylactic reaction.

The self-administration of medication is permitted provided that the pupil's parents sign a written authorization and the pupil's physician certifies that the pupil has asthma or *another potentially life-threatening illness and is capable and understands the proper method of self-administration of his/her medication*. In addition, the law requires the Board of Education to inform parents that the Board shall have no liability for any injury arising from the self-administration and the parents knowledge that there is no liability will save the Board of Education harmless against any claims arising out of the self-administration of medication.

If you are willing to permit your patient to self-administer medication during the current school year, please complete and sign the statement below and return the letter to the parents as soon as possible.

For MD completion:

The parents/guardians of _____ have designated me as his/her private physician.

The student is diagnosed as having _____, a potentially life-threatening illness. He/she is capable of, and has been instructed in, the proper method of self-administration of the following medication:

_____.

Physician's Signature

Telephone Number

Date

Physician's Address

For Parent/Guardian Completion:

I/we _____, the parents of _____

Authorize my child to self-administer _____ during the _____ school year as certified above by our physician. I/we recognize that the Warren Township BOE and its employees shall have no liability for any injury arising from the self-administration of medication.

Parent's/guardian's Signature

Telephone Number

Date

Parent's/Guardian's Address

The Board of Education maintains the right to revoke a pupil's permission to self-medicate if he/she has failed to comply with all conditions of this policy and/or has violated in any way the tenets of the agreement to self-medicate. The chief school administrator shall confer with the school physician and school nurse prior to recommending termination of a pupil's permission to self-medicate and shall also consult with the pupil, the pupil's parents/guardians and the pupil's physician.

Parents, please return this document to the School Nurse's Office as soon as it is completed.