

Laurel Springs School  
623 Grand Avenue  
Laurel Springs, NJ 08021

**SELF-ADMINISTRATION OF MEDICATION FOR  
STUDENTS WITH ASTHMA OR  
OTHER POTENTIALLY LIFE-THREATENING ILLNESS**

Physician's Written Order for Self-Administered Medication  
(page 1 of 2)

I authorize that \_\_\_\_\_ who suffers from  
(Student's name)

\_\_\_\_\_  
(Asthma or other potentially life-threatening illness)

be permitted to self-medicate with \_\_\_\_\_  
(Name of medication)

\_\_\_\_\_  
(dosage)

\_\_\_\_\_  
(time)

I further authorize that this student has been trained and is proficient in self-administration of the prescribed medication.

The parent(s)/physician should be contacted under the following circumstances pertaining to this medication and/or illness.

\_\_\_\_\_  
(Physician's Signature)

\_\_\_\_\_  
(Phone #)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent(s)/Guardian Signature)

\_\_\_\_\_  
(Phone #)

\_\_\_\_\_  
(Date)

Note: Physician's authorization must be renewed each school year.

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\_\_\_\_\_  
(Date)

Dear Parent:

The Laurel Springs Board of Education has developed a policy whereby students with asthma or other potentially life-threatening illness may self-administer medication as prescribed by your family physician.

Please be advised that the School District and its employees/agents shall incur no liability as a result of any injury arising from the self-administration of said medication by:

\_\_\_\_\_(student). Parent(s)/guardian(s) shall indemnify and hold harmless the District and its employees/agents against any claims arising out of self-administration of medication by the pupil.

Please sign below, indicating that you have read and understand the above **Release of Liability**.

\_\_\_\_\_  
(Signature of Parent(s)/Guardian(s))

**Parent(s)/Guardian(s) Permission for Self-Administered Medication**

\_\_\_\_\_  
(Date)

I give permission for \_\_\_\_\_ to self-administer  
(Student's name)

\_\_\_\_\_ according to Dr. \_\_\_\_\_  
(name of medication) (Physician's name)

\_\_\_\_\_  
(Signature of Parent(s)/Guardian(s))

Note: Release of Liability and Parent Permission must be renewed each school year.

