

**SELF-MEDICATION FORM FOR STUDENTS WITH ASTHMA OR
OTHER LIFE THREATENING ILLNESSES**

Student's Name _____ Age _____ Grade _____

School _____

Name of Medication _____

Dosage _____ Frequency _____

Route of Administration _____

Possible Side Effects _____

Specific Nature of Student's Illness/Condition _____

Effective Dates of Medication: From _____ To _____

It is my understanding that the school nurse in Camden Catholic High School charged with the administration of medication may rely upon my directions as contained in this document. Students with asthma or other potentially life-threatening illnesses deemed sufficiently responsible by their physician and parent shall be permitted to have in their possession prescribed medication for the treatment and/or prevention of life-threatening illnesses or conditions during school hours, athletic events and practices, and field trips.

I hereby deem the above-named student to be sufficiently capable, having been instructed in the proper method of self-administration of medication pursuant to Chapter 308 of the laws of 1993, to carry his/her prescribed medication on his/her person and give authorization for self-medication of the medication listed above. I further certify that I am the physician who prescribed the medication and that the student named above is under my supervision as a patient for diagnosis and treatment. Any alteration to the above will occur only with written directions from attending physician.

Physician's Name (print) _____

Physician's Signature _____ Date _____

Physician's Address _____ Phone _____

As parent/guardian of the above-named child, I hereby request permission for my child to self-administer and have possession of his/her medication as described above and release Camden Catholic High School, the appropriate administrative agency and its employees and/or agents from liability for damages my child may suffer as a result of this request.

I realize self-management privileges are lost if he/she does not use medication properly. Students deemed responsible may carry their prescribed medication on their person, but must report to the school nurse with the above-mentioned medication before this policy can be instituted

I also realize permission is effective for this school year and must be renewed yearly.

I agree that I shall indemnify and hold harmless Camden Catholic High School, the appropriate administrative agency and its employees and/or agents against any claims arising out of the self-administration of medication by the pupil.

Parent Signature _____ Date _____

Home Phone _____ Cell _____ Work _____

- Note:
1. A separate dose of medication must be kept in the nurse's office.
 2. Medication brought to school must be prescription labeled.