DENVILLE TOWNSHIP SCHOOLS
HEALTH SERVICES
AUTHORIZATION FOR SELF-MEDICATION

This form must be completed in accordance with the Denville Township Schools Procedures for Self-Medication for **Asthma and Life Threatening Illness only.** The medication must be brought to the Health Office in a pharmacy labeled container with the student's name, date name of medication, dosage schedule and physician's name. (Parent may request duplicate containers when Rx is filled.) **This form must be renewed each year.**

The medication must be brought to the Health Office in a pharmacy labeled container with the student's name, date name of medication, dosage schedule and physician's name. (Parent may request duplicate containers when Rx is filled.)

STUDENT'S NAME: _____ GRADE_____

Diagnosis: _____

Name, Dosage, Time of Medication: _____

I _____ give permission for _____
(Parent/Guardian) (Student)

to carry and use _____as directed.
(medication)

_____ _____ _____
Parent/Guardian Signature Date Telephone Number

The signature and acknowledgement of this form by the parents or guardians indicates the District shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil and that the parents or guardians shall indemnify and hold harmless the District and its employees against claims arising out of the self-administration of medication by the pupil. (18A:40-12.3)

PROCEDURES FOR SELF-MEDICATION

According to the Denville Township Board of Education Policy #5330, no medication will be administered to pupils except by the school nurse. The policy includes an exception for self-administered medication for pupils with **asthma and other potentially life-threatening illnesses.* The** procedures below outline steps to be taken for students permitted to self-medicate.

1. Any parent requesting permission for his/her student to self-medicate in school will contact the school nurse for the "Denville Township Schools Authorization for Self-Medication" form.
2. The form "Authorization for Self-Medication" form must be completed by the parent/guardian ***and*** physician for **potentially life-threatening illnesses only**.
3. The completed form should be returned to the school nurse in the Health Office.
4. The form must be completed for each school year and maintained on file in the Health Office.
5. As outlined in Policy #5330 **pupils self-administering medication shall report each indent to a teacher, coach, or other individual** designated by the school district to be in charge of the pupil during school activities.
6. For the first use of an inhaler in school, the student must self-medicate in the health office, or call the nurse to come and observe.
7. The privilege of self-administrating medication may be revoked when the pupil has failed to comply with school policy and the tenets of the agreement to self-medicate.
8. Each teacher, coach or other individual designated by the school district to be in charge of an activity who receives notification of self-medication by a student must inform the school nurse within 24 hours of the self-administration of medication.
9. The Denville Township Board of Education and its employees shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil.

The New Jersey State Department of Health and the New Jersey Chapter of the American Academy of Pediatrics have developed the following definition for life-threatening illness for use with our District policy:

Life-threatening illness means as 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 adrenalin injection to treat a potential anaphylactic reaction.