

# POINT PLEASANT SCHOOLS

## Permission to Self-Medicate

The Point Pleasant Borough Board of Education shall incur no liability as a result of any injury arising from the self-administration of medication, including loss, theft or misuse.

I attest that my child, \_\_\_\_\_, is capable of self-administration of medication. I hold the Point Pleasant Borough School District harmless against any injury or claims that arise as a result of my child's self-administration of medication including loss, theft or misuse, and I give permission for my child to self-medicate. I have received and reviewed the Point Pleasant School District's Policy on self-medication.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

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

\_\_\_\_\_  
Signature of Student (18 years or older)

This student is capable and has been instructed in the proper use of his/her medication which is required for asthma or another life-threatening illness.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Student's Diagnosis

\_\_\_\_\_  
Medication and Dosage

\_\_\_\_\_  
Possible Side Effects

\_\_\_\_\_  
School Nurse's Signature

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

\_\_\_\_\_  
Physician's Stamp

Permission is effective for the school year for which it is granted and must be renewed annually.

Revise: January 2007