

Dunellen Public Schools

Department of Special Services
Dunellen High School
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SELF-ADMINISTRATION OF LIFE THREATENING MEDICATIONS

N.J.S.A. Title 18A:40-12.3 directs that students may be permitted to self-administer medications for asthma or other potentially life-threatening illnesses provided proper procedures are followed. This form must be individually completed for **all prescribed medications**.

The following section is to be completed by the PARENT/GUARDIAN:

Student's Name

Grade

I request that my child be ALLOWED to carry the following medication

_____ for self-administration. in school pursuant to

N.J.A.C.:6A:16-2.3. I give permission for my child to self-administer medication, as prescribed on this form for the current school year as I consider him/her to be responsible and capable of transporting, storing and self-administration of the medication. I understand that the school district, agents and its employees shall incur no liability as a result of any condition or injury arising from the self-administration by the student of the medication prescribed on this form. I indemnify and hold harmless the School District, its agents and employees against any claims arising out of self-administration or lack of administration of this medication by the student.

Parent/Guardian Signature

Telephone

Date

**RECOMMENDATIONS ARE EFFECTIVE FOR ONE (1) SCHOOL YEAR ONLY
AND MUST BE RENEWED ANNUALLY**

please turn over→

