



# EAST GREENWICH TOWNSHIP SCHOOL DISTRICT

SAMUEL MICKLE BUILDING, 559 KINGS HIGHWAY, MICKLETON, NJ 08056

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**Andrea Evans**, Superintendent  
**Gregory Wilson**, Business Administrator

**W. Todd Jones**, President of the Board of Education  
**Dr. Kimberley Chiodi**, Director of Curriculum & Instruction

## AUTHORIZATION FOR SELF-ADMINISTRATION OF MEDICATION & WAIVER AND INDEMNIFICATION FROM LIABILITY

Self-administration of medication by a student for asthma or other potentially life-threatening illness or a life threatening allergic reaction is permitted in accordance with the provisions of N.J.S.A. 18A:40-12.3. The undersigned parents/guardians hereby authorize the East Greenwich Twp. School District to allow the Parents' child named below to self-administer the medication(s) stated below, and represent to the District that the history stated below of the child's experience with the illness being treated by the Medication is accurate and complete. The Parents also authorize the District to implement the plan of action stated below for addressing any emergency situation which may arise as a consequence of the Child self-administering the Medication. The parent/guardian also gives permission for the release and exchange of information between the school nurse and the child's health care provider concerning the child's health and medications. In addition, the parent/guardian understands that this information will be shared with school staff on a need to know basis. The District hereby notifies the Parents that neither the District, its employees, nor its agents, shall incur any liability as a result of any injury arising from the self-administration of the Medication by the Child, and the Parents hereby acknowledge that no such liability shall exist, and on behalf of themselves and the Child hereby waive any such liability. Furthermore, the Parents hereby agree to indemnify and hold the District, its employees and its agents harmless against any claims, actions, costs, expenses, damages and liabilities, including attorney's fees, arising out of or connected with the self-administration of the Medication by the Child. This agreement shall take effect on the date listed below and shall stay in effect for as long as permission is provided for the administration of medication, and must be renewed annually.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medication: \_\_\_\_\_ School Year: \_\_\_\_\_

Medical History/ Need for Self-Administration of Medication: \_\_\_\_\_

Emergency Plan of Action: \_\_\_\_\_

I, \_\_\_\_\_ (physician), have instructed the above child in the use of his/her medication and he /she is capable of self-administration and may carry the medication on his/her person and self-administer the above medication during school hours as instructed and prescribed by me on this date \_\_\_\_\_.

### Signatures:

_____	_____	_____	_____
Parent/Guardian	Date	Legal Prescribers'/Physician	Date
		(PHYSICIAN'S SIGNATURE and STAMP IS REQUIRED.)	

_____	_____
School Nurse	Date

JENNIFER CONNELL  
Jeffrey Clark School Principal  
(856) 423-0613 ext. 1020  
(856) 423-9186 - Fax

JESSICA NOLLET  
District Assistant Principal  
(856) 423-0412 ext. 1080  
(856) 224-0144 - Fax

BETH ANN GODFREY  
Child Study Team Supervisor  
(856) 423-0412 ext. 1039  
(856) 423-8116 - Fax

JESSICA MAHONEY  
Samuel Mickle School Principal  
(856) 423-0412 ext. 1040  
(856) 224-0144 - Fax