



PINE HILL PUBLIC SCHOOLS

Central Administration

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Note to Parents/Guardians:

The Pine Hill Public Schools require that all students who need self-medication during the school hours must do the following (Inhalers, Epi-pens, Nebulizers only):

1. Present a written consent form signed by the parent authorizing self-medications.
2. Physician's written prescription and authorization for self-medication by the student.
3. Statement of student training for self-medication.

TO BE COMPLETED BY PHYSICIAN

Name of Student _____

Date of Birth _____

Name of Medication _____

Specific times (s) and does (s) to be given at school _____

(Student's Name) _____ has been trained by
me in the administration of (name of medicine) _____ and is
proficient in the self-administration of the prescribed medication.

Printed Name of Physician

Signature of Physician

Date _____

Dr.'s Phone # _____

TO BE COMPLETED BY PARENT

I, _____, give permission for my child to self-medicate with the above
medication. I release the school district from any and all liability as it pertains to this self-medication
policy.

Date

Signature of Parent/Guardian

