

HAMILTON TOWNSHIP SCHOOL DISTRICT

**2445 Kuser Road
Hamilton, New Jersey 08690
(609) 631-4165**

**Marta Audino, MAT, M.Ed.
Director of Student Services & Programs**

Re: Pupil Self-Medication

Dear Parent:

This is to advise you that a student may now be permitted to self-administer medication for asthma or other potentially life threatening illnesses. We must receive a Certification from the child's physician, in writing, that the student has asthma or another life threatening illness and that the child is capable of and has been instructed in the proper administration of the required medication.

The Board of Education also requires a written authorization from the parent or guardian for the self-administration of the medication by the student. The Hamilton Township Board of Education shall incur no liability as a result of any injury arising from the self-medication. Attached to this letter is an Indemnification and Hold Harmless Agreement whereby the parent or guardian of a student who self-administering medication agrees to indemnify and hold the School District harmless against any injury claims that arise as a result of the pupil's self-administration of any medication.

This permission to self-administer medication is effective only for the school year for which it is granted and must be renewed annually following the process described above.

If you wish your child to be permitted to self-administer medication, please sign and return the enclosed authorization, obtain the Certification from your child's physician and sign and return the Indemnification and Hold Harmless Agreement.

Very truly yours,

Marta Audino, MAT, M.Ed.
Director of Student Services & Programs

encl.

NOTICE

**THE HAMILTON TOWNSHIP BOARD OF EDUCATION SHALL INCUR NO
LIABILITY AS A RESULT OF ANY INJURY ARISING FROM THE SELF-
ADMINISTRATION OF MEDICATION BY A STUDENT**

INDEMNIFICATION AGREEMENT

THIS AGREEMENT made this _____ day of _____, 20____, by
_____ (Name of Parent and/or Legal Guardian), having an address
of _____ and the Hamilton Township
Board of Education.

_____, the Parent(s) and/or Legal Guardian(s) of
_____, hereby promise(s), covenant(s) and agree(s) to hold
harmless, protect and indemnify the HAMILTON TOWNSHIP BOARD OF EDUCATION from
and against any and all liabilities, losses, damages, expenses and charges which are sustained or
incurred by the HAMILTON TOWNSHIP BOARD OF EDUCATION arising directly or
indirectly out of the self-administration of medication by _____.

Date

(Parent or Legal Guardian)

Date

(Parent or Legal Guardian)

Date

Marta Audino, MAT, M.Ed.
Director of Student Services & Programs

Student's Name: _____

School: _____

Grade: _____

Year: _____

AUTHORIZATION

I, _____, am the Parent and/or Legal Guardian of
_____, a student within the Hamilton Township School District.

I hereby authorize _____ to self-administer medication during the
_____ school year.

Date

(Parent or Legal Guardian)

Student's Name: _____

School: _____

Grade: _____

