

CHERRY HILL SCHOOL DISTRICT

Authorization for Self-Administration of  
Asthma Inhaler/Epinephrine/Hydrocortisone Sodium Succinate by Student

School Year: \_\_\_\_\_ Grade: \_\_\_\_\_  
Date: \_\_\_\_\_  Asthma  Life Threatening Allergy  Adrenal Crisis  
Student: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

We, the undersigned, are the parent(s) or guardian(s) of the student named above.

We have been advised by you that legislation has been enacted allowing parent(s) or guardian(s) of a student who has asthma, a potentially life-threatening allergy or risk for adrenal crisis to authorize self-administration of an asthma inhaler, epinephrine or hydrocortisone sodium succinate by the student so long as the student’s physician certifies to you that the student is capable of, and has been instructed in, the proper method of self-administration. We have also been advised by you that if we do give this authorization, the school district and its employees and agents will incur no liability as a result of any injury arising from self-administration of an asthma inhaler, epinephrine or hydrocortisone sodium succinate by the student.

The student named above has asthma, a known allergy and is at risk for a life-threatening allergic reaction or is at risk for adrenal crisis and is required to take the medication listed below.

We authorized the student named above to self-administer an asthma inhaler, epinephrine or hydrocortisone sodium succinate while the student is under your jurisdiction.

We acknowledge that the school district and its employees and agents shall incur no liability as a result of any injury arising from the self-administration of an asthma inhaler, epinephrine or hydrocortisone sodium succinate by the student and we agree to indemnify and hold harmless the school district and its employees and agents against any claims arising out of the self-administration of the prescribed medication.

We understand that this **authorization only applies to the current school year**. We have the right to choose whether or not to furnish a new authorization for each future school year.

Medication: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_  
Parent/Guardian Name (print): \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Date: \_\_\_\_\_

**COMPLETE BOTH SIDES**